

MEDICAL SURVEILLANCE ASSESSMENT

UNL Respiratory Protection Program

Revised 3/11

(For assistance, please contact EHS at 402.472.4925 or visit our web site at <https://ehs.unl.edu/>)

Employee's Name/ID Number: _____

Department: _____

Date of Medical Evaluation: _____

Medical Evaluator Contact Information (If not CHI Company Care):

After reviewing the medical history and/or examination of this employee and the EHS hazard assessment, it is my opinion that:

- The employee is medically qualified to wear a respirator without limitation.
- The employee's health is at increased risk when using a negative pressure respirator; however, the employee may safely use a PAPR.
- The employee is NOT medically qualified to wear a respirator.
- The employee may only wear a respirator with the following limitation(s):

My recommendations for medical re-evaluation pertaining to respirator use by this employee are as follows:

- Medical re-evaluation is not necessary unless the employee develops a new physical or psychological condition that may impact their ability to use the prescribed respirator.
- Medical re-evaluation is recommended at the following time interval:
 - Annually
 - Other (Specify: _____)

Signature of Reviewing Physician

Date

Transmit a copy of this form to UNL Environmental Health and Safety by fax: 402.472.9650 or by mail: EHS, 3630 East Campus Loop, Lincoln, NE 68583-0824.