**Medical Evaluation Checklist**

**Before any employee is fit tested or uses a respirator in the workplace they will be medically evaluated to determine their ability to wear their respirator by ensuring the following:**

1**.\_\_\_\_\_**The physician or other licensed health care professional (PLHCP) who is legally permitted by his or her professional license to conduct medical evaluations required by the OSHA Respiratory Protection Standard, 29 CFR 1910.134 has been identified:

Name / Professional Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_The medical evaluation found in the Respiratory Protection Standard, 29CFR 1910.134 Appendix C has been filled out by the employee during normal working hours or in a place and time convenient for the employee.

 \_\_\_\_\_The employee understands the content of the questionnaire.

3.\_\_\_\_\_The questionnaire has been sent to the PLHCP.

4.\_\_\_\_\_The PLHCP has been provided all the following additional information:

 \_\_\_\_\_The employer’s most recently updated written respiratory protection program.

 \_\_\_\_\_A copy of the OSHA Respiratory Protection Standard and its appendices.

 \_\_\_\_\_The weight and type of respirator the employee will use (half-mask, supplied air, SCBA, etc.).

 \_\_\_\_\_The duration and frequency of use including worst-case rescue or escape use.

 \_\_\_\_\_The respirator user’s expected physical effort needed to perform their work (light/moderate/heavy).

 \_\_\_\_\_Additional protective clothing and equipment to be worn.

 \_\_\_\_\_Temperature and humidity extremes that may be encountered.

5.\_\_\_\_\_The PLHCP has been instructed to make a recommendation regarding the employee’s ability to use the respirator. The recommendation shall include only the following information:

 \_\_\_\_\_Limitations on respirator use related to the medical condition of the employee, or relating to the workplace conditions in which the respirator will be used.

 \_\_\_\_\_The need, if any, for follow-up medical evaluations.

 \_\_\_\_\_A statement that the PLHCP must provide the employee with a copy of the written recommendation.

6.\_\_\_\_\_A follow-up medical examination has been provided for those employees who have given a positive response to any question among questions 1 through 8 in Section 2 Part A of the questionnaire or if the initial medical examination demonstrates the need for a follow-up medical examination.

7.\_\_\_\_\_The PLHCP has determined whether follow-up procedures, exams or tests are needed.

8.\_\_\_\_\_The PLHCP has made their final medical recommendation of the employee’s ability to wear their respirator and the recommendation has been provided to the employer.

9.\_\_\_\_\_The employee has been given an opportunity to discuss the medical evaluation and examination results with the PLHCP.

10.\_\_\_\_\_The employee has received a copy of the PLHCP’s written recommendation.

11.\_\_\_\_\_Determine if the employee has reported symptoms related to his or her ability to use the respirator, if the PLHCP, respiratory protection program administrator or supervisor determines a medical re-evaluation is necessary or if there have been changes in the workplace conditions that may result in a substantial increase in the physiological burden placed on an employee

 \_\_\_\_\_If any of the conditions above exists, additional medical evaluations have been provided.

12.\_\_\_\_ Periodic medical evaluations shall be administered according to the following schedule for all State of Maine, Public Sector and Quasi-Municipal Employees:

Employees up through 35 years of age – at least every 5 years.

Employees 36 – 40 years of age - at least every two years.

Employees over 40 years old - at least annually.

13.\_\_\_\_A powered air-purifying respirator (PAPR) has been provided to employees who the PLHCP has determined that a medical condition that may place the employee’s health at increased risk if a negative pressure respirator is used and the PLHCP has determined the employee is medically able to use a PAPR.