

Respirator Medical Evaluation Process

Who is required to have a respirator medical evaluation?

Anyone who must use a respirator as part of their work responsibilities. Medical evaluation must be completed before the employee is fit tested for required use of a respirator in the workplace.

Medical evaluation is essential due to the physiological stress that respirator use can place on the body, especially the pulmonary and cardiovascular systems. It is used to determine if there are medical conditions that would either be aggravated by a respirator or prevent safe and effective use of a respirator.

How is Medical Evaluation Completed?

The employer must identify a physician or other licensed health care professional (PLHCP) to perform the medical evaluation using the OSHA Respirator Medical Questionnaire or an initial medical examination that obtains the same information as the medical questionnaire.

The questionnaire is to be completed by the individual needing Medical Evaluation. A translator or a designated person can assist with completing the questionnaire, if requested.

Once the questionnaire has been completed, the PLHCP reviews the questionnaire for identified medical conditions that may not be controlled or that may inhibit the individual from safely wearing the required respirator.

Follow-up Medical Examination

The employer shall ensure that a follow-up medical examination is provided for an employee who gives a positive response to any question among questions 1 through 8 in Section 2, Part A of the Respirator Medical Questionnaire or whose initial medical examination demonstrates the need for a follow-up medical examination.

The follow-up medical examination shall include any medical tests, consultations, or diagnostic procedures that the PLHCP deems necessary to make a final determination as to whether the individual is medically cleared to wear the required respirator during assigned work duties and conditions. Tests may include but are not limited to blood

pressure, spirometry, chest x-ray, physical exam and blood glucose.

Written Recommendation

The PLHCP must provide a written recommendation regarding the employee's ability to use the respirator to the employer. The recommendation shall provide only the following information:

- Any limitations on respirator use related to the employee's medical condition or relating to the workplace conditions in which the respirator will be used
- Whether the employee is medically able to use the respirator
- The need, if any, for follow-up medical evaluations (without specifying which evaluation)
- A statement that the PLHCP has provided the employee with a copy of the written recommendation to the employee.

Regulatory Mandates

US Occupational Safety and Health and Safety Administration 1910.134(e)

[https://www.osha.gov/pls/oshaweb/owadisp.show_d
ocument?p_id=12716&p_table=STANDARDS](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=12716&p_table=STANDARDS)

US Environmental Protection Agency Worker Protection Standard [https://www.epa.gov/pesticide-
worker-safety/agricultural-worker-protection-
standard-wps](https://www.epa.gov/pesticide-worker-safety/agricultural-worker-protection-standard-wps)



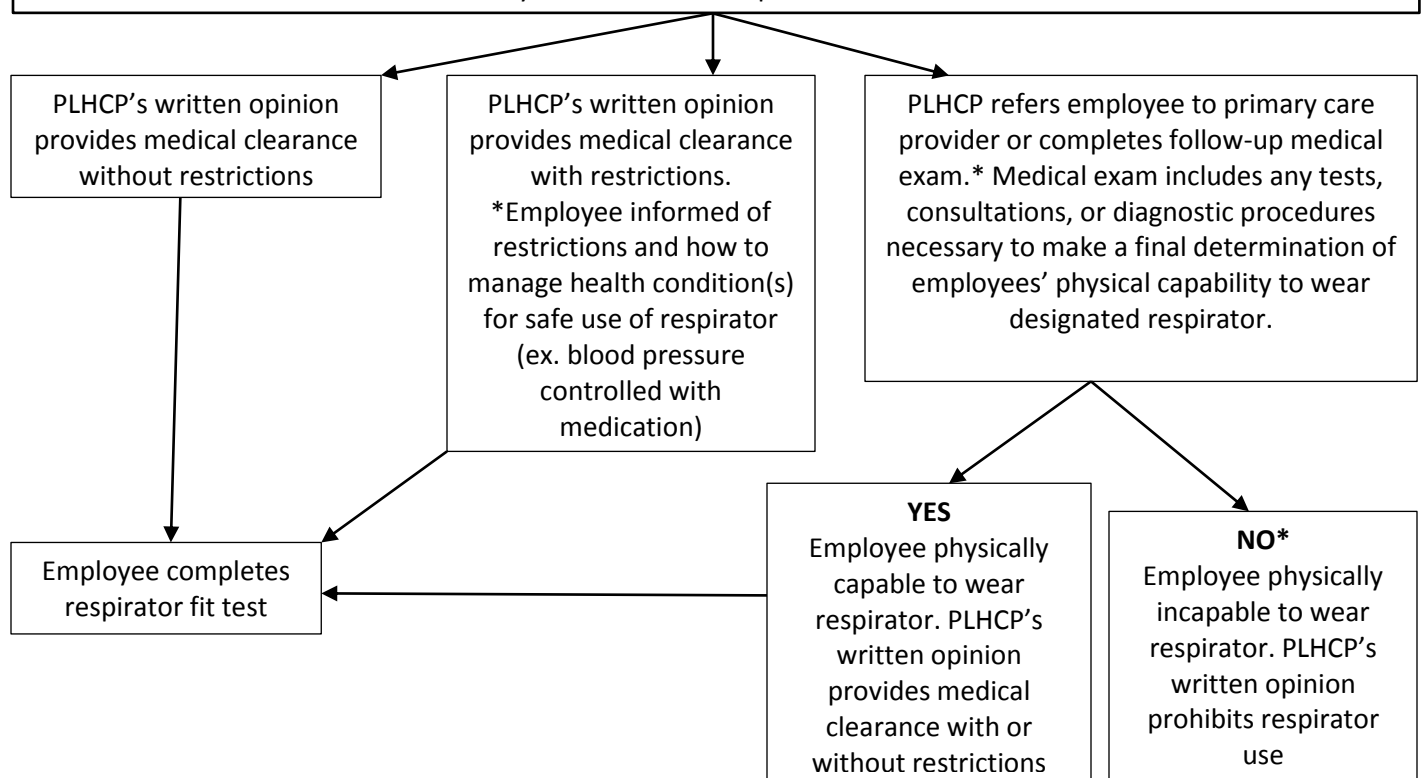
COMPLETION & REVIEW of OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

Questionnaire Completion

Part A. Section 1: Must be completed by all respirator users
Part A. Section 2, Questions 1-9: Must be completed by all respirator users
Part A. Section 2, Questions 10-15: Must be completed by every employee who has been selected to use either a full-face respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

Questionnaire Review

Physician or other Licensed Healthcare Professional (PLHCP) reviews completed questionnaire to determine whether employee is medically cleared to wear designated respirator. Specific attention should be given to any 'yes' answer on the questionnaire.



***Examples of medical conditions that may warrant clearance with restrictions, follow-up medical exam or denial of clearance:**

- Cardiovascular: hypertension, myocardial infarction, angina, cerebrovascular accident, dysrhythmia
- Respiratory: chronic obstructive pulmonary disease, asthma, emphysema, decreased pulmonary function, smoker, tuberculosis, lung cancer
- Neurological: ringing in ears, impaired sense of smell, seizure disorder, perforated ear drum, low back pain
- Psychological: claustrophobia, severe anxiety
- Musculoskeletal: arthritis, lack of dexterity in hands, upper extremity amputation