



MFP

Work Wellness

FITNESS TO WEAR A RESPIRATOR

Employee's Name: _____

Date of Birth: _____

The OSHA questionnaire and pulmonary function test of the above-named individual was reviewed and the following determined:

_____ Medically fit to wear a respirator

_____ Not medically fit to wear a respirator

Explanation for Not medically fit: _____

Physician's Printed Name

Date

Physician's Signature