

New Jersey Department of Health
PEOSH Unit

**DOCUMENTATION OF MEDICAL EVALUATION
FOR RESPIRATOR USE**

Name of EMS Agency

Name of EMS Responder

This EMS responder has been medically evaluated regarding his ability to be fit-tested for and wear the type of respirator(s) listed below. The information required by the PEOSH Respiratory Protection Standard 1910.134 (Section (e) and Appendix A, Part A, Sections 1 and 2) was obtained in the course of performing this evaluation.

Based on the medical evaluation, the employee/volunteer is cleared (with any limitations shown) to be fit-tested for and wear the following respirators:

AIR PURIFYING RESPIRATOR(S)

- Disposable N or P or R, - 95, 99 or 100 filtering facepiece respirator
 Elastomeric respirator with particulate/gas/vapor cartridges

SUPPLIED AIR RESPIRATOR(S)

- SCBA – Self-Contained Breathing Apparatus

LIMITATIONS

- Yes No

Description: _____

Date of this Written Recommendation

Name of Health Care Professional

Address

Telephone Number

(A copy of this form has been provided to the EMS responder.)