

AUTORIZACIÓN MÉDICA PARA USO DE RESPIRADOR

Según la norma OSHA 1910.134, su empleador debe asegurarse de que usted esté médicamente certificado para usar un respirador como parte de su trabajo. A continuación se describe el tipo de respirador y las condiciones de uso que su empleador le asignó probar y la evaluación del médico de su capacidad para usar el respirador según la información que proporcionó.

Complete y lleve este formulario de autorización médica y el Cuestionario de Evaluación Médica de Respiradores de OSHA (Apéndice C de 29 CFR 1910.134) a su cita de evaluación médica con su médico.

Nombre de empleado: _____

Nombre del empleador: _____

Información de contacto del empleador: _____

Condiciones de uso del respirador

(EL EMPLEADOR completa las preguntas del 1 a 6)

1. Respirator Type (check all respirators the employee named above will use; also see pg. 4):

- Particulate Full Face Half Face Powered Air Purifying Respirator (PAPR)
 Escape Hood Supplied Air Self Contained Breathing Apparatus (SCBA)

2. Substance Exposure:

This medical evaluation is for the use of one or more types of respirator(s) selected in question 1 and for the handling, use, and application of organic and/or conventional pesticides (herbicides, insecticides, fungicides, miticides, etc.). If handling, using, and/or applying anything other than pesticides, note them below.

3. Respirator Usage (how frequent will the employee use a respirator):

	Select all that apply
2 to 4 hours per day	
Over 4 hours per day	
Daily, but less than 2 hours per day	
Weekly, but less than 5 hours per week	
Less than 5 hours per month	
Hazmat / Spill	
Other:	

4. Work Effort (select work effort with a respirator that best fits the employee):

		Select one
Sedentary	Defined as infrequent lifting of <10 lb.; no walking / carrying	
Light	Defined as frequent lifting of 10 lb.; infrequent lifting of <20 lb.; walking on level; carrying up to 10 lb.	
Medium	Defined as frequent lifting of 25 lb.; infrequent lifting of <50 lb.; fast walking on level; carrying up to 25 lb.	
Heavy	Defined as frequent lifting of 50 lb.; infrequent lifting of <100 lb.; fast walking on level; carrying up to 50 lb.	
Very Heavy	Defined as work that is consistently of greater effort than heavy	

5. Environmental Conditions of Work with a Respirator (yes or no):

	Yes	No
Temp. <55°F		
Temp. >77°F		
Permit Required Confined Space		
Oxygen Deficient		
Humid Conditions		
Hyperbaric (ie: diver)		
High Altitude (ie: pilot)		

6. Protectant Gear Used (while using respirator):

	Select all that apply
Boots, Shoe Covers	
Eye Protection (ie: goggles, faceshield)	
Gloves	
Skin Protection (ie: apron, coveralls, Tyvek suit)	
Hearing Protection (ie: ear plugs, ear muffs)	
Head Protection (ie: helmet, hard hat, head cover)	
Other (identify)	

PHYSICIAN'S EVALUATION (EVALUACIÓN DEL MÉDICO)

(Completado por un médico de atención primaria o un profesional de la salud certificado (CHCP) ÚNICAMENTE)

El usuario del respirador DEBE proporcionar este formulario completado y firmado antes de que los organizadores de la prueba de ajuste realicen la prueba de ajuste del respirador.

Patient / Employee Name: _____

Date of Medical Evaluation: _____

Select one	Can the employee / patient named above use the selected respirators, and in the conditions indicated by the employer?	Physician's Initial
	NO - The employee named above is NOT fit or certified to use a respirator.	
	NO, FURTHER TESTING IS NEEDED – The employee must undergo additional testing to determine fitness for respirator use.	
	YES – There are no restrictions on respirator use in the use conditions listed by the employer.	
	YES, BUT ONLY with the following restrictions listed below:	

The employee must recertify:

Within one year or when there is a change in health or work conditions.

IF sooner, indicate frequency of recertification: _____

Physician / CHCP's Name: _____

Signature: _____

Date: _____

Name and Contact of Physician / CHCP's Practice: _____

Types of Respirators



Particulate (includes N95)



Full Face



Half Face



PAPR



Escape Hood



Supplied Air



SCBA