

University Health Services
910 Madison Ave, Suite 922
Memphis, Tennessee 38163
901-448-5630 Office
901-448-7255 Fax

Respirator Medical Evaluation Form

Name: _____ Date: _____

Employer: _____ Department: _____

Building: _____ Job Title: _____

Contact Number: () _____ Supervisor: _____

1. Have you ever worn a respirator? _____ If yes, what type(s) Full face, half face, N/P – 95, SCUBA? _____
2. Last respirator fit test? _____ Where: _____
(Year) (Facility Name)
3. Has there been any change in your physical health or job responsibility since your last respirator fit test and/or the completion of your OSHA Respirator Medical Evaluation Questionnaire that may affect your ability to wear a respirator? _____ If yes, what change(s) has occurred?

4. Describe the work you'll be doing while using your respirator(s): _____

I received a respirator fit test today. I have been trained on the use of my respirator. Please contact Evelyn Lewis BSN, COHN-S, Occupational Health Coordinator, elewis4@uthsc.edu or (901) 448-5630 at University Health Services for questions

Signed: _____
Employee or Student

Signed: _____
Fit Test Administrator

Signed: _____
University Health Provider