Employee or Student Respirator Fitness Report

Name: ________________________________
Department: __________________________
Email EID: ____________________________

You have been medically evaluated to determine whether your present medical condition is acceptable for respirator use, and whether a respirator will cause an additional burden to your health. The Physician or Other Licensed Health Care Professional has made the following recommendations:

☐ You may use a respirator with no limitations of use.

☐ You may use a respirator with limitations:

  ☐ You are not approved to use a negative pressure respirator
  ☐ You may use a tight-fitting or loose-fitting Powered Air Purifying Respirator (PAPR)
  ☐ You may use a loose-fitting PAPR ONLY

☐ You will need to schedule a follow up exam before a determination can be made for respirator use.

☐ You are not approved for respirator use.

PLHCP Name: __________________________ Date: __________________________

Signature: __________________________

Please contact Safety and Risk Management – Environmental Health and Safety to schedule fit testing at ehsih@vcu.edu.