Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle “Y” or “N”).

The following information must be provided by every employee who has been selected to use any type of respirator (PLEASE PRINT).

Exhibit A

UPMC WORK PARTNERS PARTICULATE RESPIRATOR MEDICAL EVALUATION

This questionnaire is used in determining whether or not you have a medical condition that may affect your ability to safely wear a respirator. Fit testing is also required and is done separately. All medical information is confidential.

The following information must be provided by every employee who has been selected to use any type of respirator (please circle “Y” or “N”).

Physician/Nurse Signature

Employee Signature

Date

Remarks:

☐ Approved ☐ Denied ☐ Approved w/restrictions ☐ More information needed

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