

**Mississippi State University
Respiratory Protection Program**

Medical Clearance for Respiratory Protection

I have examined _____ and:

- find him/her to be medically cleared for respirator use.
 - No limitations on respirator use/workplace conditions.
 - There are limitations on respirator use/workplace conditions. Describe below:

- find him/her to be medically unfit for respirator use.

- A follow-up medical evaluation is necessary.

- I have provided the employee a copy of this statement.

Date:

Signature:

Physician's Name:

Address:

Telephone:
