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| Medical Clearance for Respirator Use | | Inmate Name: _____ | |
| | | Inmate ODOC #: _____ | |
| | | Employee Name: _____ | |
| DATE | TIME | | |
| | | | |
| <input type="checkbox"/> QHCP Reviewed the "OSHA Respirator Medical Evaluation Questionnaire" submitted by the employee or inmate. | | | |
| <input type="checkbox"/> QHCP Interviewed the employee or inmate about their submitted questionnaire. | | | |
| Employee or Inmate is medically cleared to wear respirator: | | | |
| <input type="checkbox"/> YES | | | |
| <input type="checkbox"/> NO, referred to outside non-ODOC medical provider for further evaluation. | | | |
| QHCP Signature: _____ | | | |