

West Texas A&M University

Academic Research Environmental Health and Safety

WTAMU Box 60217 Canyon, Tx 79016
806.651.2270

Medical evaluation for respirator use

MEMORANDUM

To: Concentra Urgent Care

From: Academic Research Environmental Health and Safety

Date: _____.

Re: Medical evaluation for respirator use.

Please bill according to the following selection:

Pre-employment direct bill WTAMU (Employees only) This is not a worker's comp claim.

Patient Pay for students

_____, a West Texas A&M University employee/student, is required to wear a respirator. WTAMU requests that you provide this individual with a medical evaluation that meets the requirements outlined in the SOP 24.01.01.W1.40AR, sec. 4.0. We have provided you with this Respirator Standard. Please follow this procedure when you examine this employee.

An OSHA Respirator Medical Evaluation Questionnaire was provided to this employee. The completed questionnaire must be provided to you by the employee/student. West Texas A & M University will **not** accept the completed questionnaire.

The following supplemental information is provided to you to assist in your evaluation of this employee's respirator use. West Texas A & M University asks Concentra to review the OSHA Respirator Medical Evaluation Questionnaire and if needed conduct a Pulmonary Function Test (PFT). West Texas A & M University will conduct the respirator fit test, if approved.

A. The type and weight of the respirator that will be used: _____.

B. The duration and frequency of the respirator use: _____.

C. The expected physical work effort: _____.

D. Additional protective clothing and equipment that will be worn: _____.

E. Temperature and humidity extremes experienced during work: _____.

We request that you provide the WTAMU Respirator Administrator with the PLHCP Written Statement for Respirators (Employee) and the Employer Authorization and Information for Respiratory Evaluation forms indicating that the employee/student is medically able to wear a respirator under the conditions described. West Texas A & M University will conduct the respirator fit test after we have received the approval.

Please feel free to contact the program administrator if you have any questions.

Encl.: AREHS SOP 24.01.01.W1.40AR; Respirator Medical Evaluation Questionnaire: Respirator Program/emp. fit test