



PHYSICIAN STATEMENT
For City of Barre Respiratory Protection Program

Information to be Obtained from the Physician or Licensed Health Care Professional (PLHCP)

The employee _____

is CLEARED to be fit tested

is NOT CLEARED to be fit tested

Type of Respirator Cleared

N95 or cartridge type Air Purifying for which use filters, cartridges, or canisters to remove contaminants from the air you breathe,

SCBA – Air Supplying - atmosphere-supplying respirators, which provide you with clean air from an uncontaminated source.

Any limitation in the wearing of the respirator(s): _____

Any follow-up required: _____

The employee has been supplied with a copy of this evaluation.

Signature _____ Date: _____

Name of Physician _____

Address _____

Phone (_____) _____