



EMPLOYEE HEALTH

The University of Alabama at Birmingham

Follow-Up Respirator Use Form

Campus Highlands Hospital HSF TKC

Date: _____ Name: _____

DOB: _____ Blazer ID: _____ Last 4 of SSN: _____

Email Address: _____ Work Phone: _____
(if communication is needed, you will be contacted at email address provided)

Job Title: _____ Work Location: Building _____ Room _____

Department: _____ Supervisor: _____

Since your last fit test or respirator clearance evaluation:

1. Have you developed any medical problems or symptoms that may limit your ability to wear a respirator?
[] NO [] YES
2. Have you been told by a health care professional, your supervisor, or the respirator program administrator that you should be medically reevaluated?
[] NO [] YES
3. Has there been a change in the workplace conditions, work assignments, physical work effort, protective clothing or other changes that has resulted in a substantial increase in the physical burden on you when wearing a respirator or require a different type of respiratory protection?
[] NO [] YES

I understand it is my responsibility to report to my supervisor, or respirator program director, any change in status that may affect my ability to safely use a respirator.

Employee Signature: _____ Date: _____

If electronically submitted, the form must be sent from the employee's UAB email account to satisfy the signature requirement.

Form submittal:

For Campus employees, you may submit completed forms electronically to ehsocchealth@uab.edu.
For Highlands, Hospital, HSF and TKC employees, bring form with you to RWUH, Suite 101 to be fit tested.

FOR USE BY UAB EMPLOYEE HEALTH

This Follow-Up N95 Respirator Use Form has been reviewed according to protocol and is deemed acceptable by the UAB Hospital Physician.

- [] No medical follow up is necessary at this time based on above responses; proceed with qualitative/quantitative fit test.
 [] Medical evaluation is indicated at this time based on above responses; do not proceed with the qualitative/quantitative fit test.

Reviewer Signature: _____ Date: _____

[] Instructed, fit tested and passed: ___ N-95 ___ N-99 ___ N-100 ___ 1/2 Face ___ Full Face ___ SCBA ___ PAPR
Other: _____ Model: _____ Manufacturer/Size: _____

[] Instructed, fit tested and passed: ___ N-95 ___ N-99 ___ N-100 ___ 1/2 Face ___ Full Face ___ SCBA ___ PAPR
Other: _____ Model: _____ Manufacturer/Size: _____

[] Could not fit test/did not pass fit test. [] Facial Hair [] Denies wearing

Tester Signature: _____ Date: _____