

PLYMOUTH COMMUNITY SCHOOL CORPORATION

PHYSICIAN'S CERTIFICATION FOR USE OF A RESPIRATOR

Name _____

I have examined the above-named person and find that s/he is in the proper physical condition to safely withstand the stress associated with the use of a respirator. My examination included questioning the above-named person. The questioning included, but not limited to, the identification of exposing chemicals, duration of exposure(s), type(s) of respirator(s) used, and taking a medical history of the individual.

Physician

Date

Use Authorized by _____
(Supervisor or Instructor)