

<b>Medical Clearance for Respirator Use</b>		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.  <b>Employee or Inmate is medically cleared to wear respirator:</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO, referred to outside non-ODOC medical provider for further evaluation.		
QHCP Signature: _____		