

Industrial Testing-Medical Clearance

First name	Middle name	Last name	Date of birth
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Spirometry testing and the use of respirators may cause problems when certain medical conditions are present. Please discuss the condition(s), with your healthcare professional, that your testing company requires clearance for and have them complete the section below. Bring this completed form with you to your testing appointment.

Healthcare professional only		
<u>Spirometry Test</u>		
Spirometry test permitted?	Yes	No
<u>Respirator Fit Test</u>		
Respirator mask use permitted?	Yes	No
Referred to OHS?	Yes	No
Date: _____		
Name: _____ Signature: _____		

