HAWAI'I PACIFIC HEALTH | STRAUB MEDICAL CENTER

CREATING A HEALTHIER HAWAI'I

Form H: Email completed Form H to Straub:
Jennifer.oldershaw@straub.net and dora.sakata@straub.net

Medical Clearance for Respirator Use

EMPLOYER COMPLETE THIS SECTION:

EMPLOYEE NAME	SOC. SEC. NO.	DATE OF BIRTH
COMPANY NAME	SUPERVISOR NAME	DEPARTMENT

Circle Type or Types of Respirator(s) to be Used:

Atmosphere-supplying respirator
Open-circuit SCBA
Supplied-air respirator
SCBA Air-purifying (non-powered)
Continuous-flow respirator
Closed circuit SCBA
Combination air-line and
Air-purifying (powered)

Level of Work Effort (Circle one):

Light Moderate Heavy Strenuous

Extent of Usage:

1. On a daily basis
2. Occasionally- but more than once a week
3. Rarely or for emergency situations only

Maximum Respirator Weight _____

Length of Time of Anticipated Effort in Hours: _____

Special Work Considerations (i.e. high places, temperature, hazardous material, protective clothing, etc.
If none, state "none". _____

_____

_____

_____ _____

Date Safety Representative Signature

EMPLOYEE COMPLETE THIS SECTION:

Have you ever worn a respirator before? ☐ YES ☐ NO

If YES, describe any apparent difficulties noted with respirator use: _____

_____

_____ _____

Date Employee's Signature

PHYSICIAN'S EVALUATION:

CLASS: (Circle)
1. No restrictions on respirator use
2. Some specific use restrictions
3. No respirator use permitted

Next Exam Due: _____

Restrictions: _____

_____

_____ _____

Date Michael Kusaka M.D. / Elisa L. Chong P.A.C.

STRAUB OCCUPATIONAL HEALTH
800 S. King St., 3rd Floor | Honolulu, HI 96813 | Phone: (808) 529-4949 | Fax: (808) 529-4950