



Fermilab

Date \_\_\_\_\_

**Medical Surveillance Request for Respiratory Protection Usage**

Name \_\_\_\_\_

I.D. \_\_\_\_\_

\_\_\_ Lab Employee

Division/ Section \_\_\_\_\_

\_\_\_ Contractor/ Consultant

Employer \_\_\_\_\_

\_\_\_ User/ Other

Institution \_\_\_\_\_

**Respirator Type(s)\* (Please Check):**

\_\_\_ Self-Contained Breathing Apparatus (SCBA)

\_\_\_ BioMarine BioPak 240 (BMBP)

\_\_\_ Air-line Respirator Loose-Fitting (ALRLF)

\_\_\_ Air-line Respirator Tight-Fitting (ALRTF)

\_\_\_ Powered Air-Purifying Respirator Loose-Fitting (PAPRLF)

\_\_\_ Powered Air-Purifying Respirator Tight-Fitting (PAPRTF)

\_\_\_ Negative Pressure Air-Purifying Respirator (APR)

**Supplemental Respirator Information:**

Respirator Use Duration \_\_\_\_\_ hours

Respirator Use Frequency (Circle one) day      week      month      year

Description of work being performed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Personal Protective Equipment Required \_\_\_\_\_

\_\_\_\_\_

Temperature Extremes \_\_\_\_\_ Humidity Extremes \_\_\_\_\_

Supervisor or ES&H Representative \_\_\_\_\_

Date \_\_\_\_\_

\*The physician or other licensed health care provider shall be shown examples of the various types of respirator protection by the ES&H Section.

DISTRIBUTION: Medical

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