Office of Environmental
Health & Safety

RESPIRATOR USE APPROVAL

EMPLOYEE NAME	WORK ADDRESS AND EMAIL
LSUID	

TO BE COMPLETED BY PHYSICIAN OR LICENSED HEALTH CARE PROFESSIONAL

The employee **IS APPROVED** to wear (you can check more than one):

- ☐ N, R, or P disposable respirator (filter mask, non-cartridge type only).
- ☐ Other type (for example, half- or full face piece type, powered air purifying, supplied-air or self contained breathing apparatus).

Please include any other considerations, such as limitations on respirator use associated with medical conditions, the need for follow-up evaluations, etc.

The employee is **NOT APPROVED** to wear (you can check more than one):

- ☐ N, R, or P disposable respirator (filter mask, non-cartridge type only).
- ☐ Other type (for example, half- or full face piece type, powered air purifying, supplied-air or self contained breathing apparatus).

PHYSICIAN/HEALTH CARE PROFESSIONAL SIGNATURE	PHYSICIAN/HEALTH CARE PROFESSIONAL ADDRESS

EMPLOYEE SIGNATURE	DATE
SUPERVISOR'S SIGNATURE	DATE

Forward a completed copy of this form to:

Phillip Bellan
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