

# Respirator Program Request

Check Appropriate

Initial Enrollment \_\_\_\_\_  
Renewal Enrollment \_\_\_\_\_  
Date \_\_\_\_\_

To be completed by supervisor (must be filled out **completely**):

Employee Name: \_\_\_\_\_ UK ID#: \_\_\_\_\_

Employee E-mail: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Mailing Address: \_\_\_\_\_

I. Circle type of respirator to be used: Air-purifying (non-powered) Air-purifying (powered)

II. Level of Work Effort (Circle One) Light Moderate Heavy Strenuous

III. Extent of Usage (Circle One) Daily basis Occasionally – but more than once per week Rarely

Length of time anticipated effort (hours): \_\_\_\_\_

Special Considerations (e.g., anticipated type of chemical/dust exposure (provide category of materials and SDS's if possible):

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To be completed by examining physician:

Based on a medical evaluation I have conducted of the aforementioned employee utilizing a medical questionnaire and/or medical examination, the following is my opinion of the employee's ability to utilize the type respiratory protection referenced.

Use Status (Circle One)

a) No restrictions on respirator use

b) Restrictions on respirator use

Restrictions:

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c) No respirator use permitted

Examining Physician \_\_\_\_\_ Date \_\_\_\_\_

Examining physician, please return completed request form to: Leslie Ehrmantraut  
University of Kentucky, University Health Service  
800 Rose Street Lexington, KY 40506-0582  
Campus Mail: Speed Sort 0582  
Secure Fax: 859-257-9814

& Copy to the above listed supervisor.