**Appendix: C**

**Respirator Health Questionnaire Follow-up**

Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Based on my review of your OSHA Respirator Health Questionnaire, ***you are approved*** for respirator fit testing and use.
* Based on my review of your OSHA Respirator Health Questionnaire, there is information missing that must be completed. The unanswered questions are highlighted. Please return the form to me at the address listed above to complete the evaluation process.
* Based on my review of your OSHA Respirator Health Questionnaire, ***I am unable to approve*** you for respirator fit testing or use at this time. If you are interested in completing the evaluation process, you must:
* Follow-up with your primary medical provider for a more complete medical evaluation and his or her approval for respirator fit testing and use.
* Complete the unanswered questions highlighted on the questionnaire and return the form to me at the address listed above to complete evaluation process.
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respectfully,

Name and Credentials

Title

Agency Name

Phone

Email