**REFERRAL FOR MEDICAL EVALUATION**

Dear Dr. :

We have discussed respirator use with Mr./Ms. and we feel that before he/she can wear respiratory protection on the job, a medical examination is prudent. Attached is a description of the type of work performed, the respirator to be used, and other relevant information.

Upon completion of your examination, please complete the following and return to this office.

Sincerely yours,

company name

Based on my opinion and evaluation, Mr./Ms.

* has a condition that makes respirator use inadvisable
* is approved for respirator fit testing and assignment subject to the following limitations:

doctor’s signature date

Make additional copies of this form as needed.