Respiratory Questionnaire and Clearance Instructions

Important Pre Fit Testing Instructions

1. You must be ***CLEAN SHAVEN*** (No beards or facial hair that comes between the face and the sealing surface of the respirator).

2. You may ***NOT*** eat, chew gum, smoke, chew tobacco or drink fluids 30 minutes prior to fit testing.

Instructions for Medical Questionnaire and Medical Clearance

The Medical Questionnaire is used to determine your ability to wear a tight fit respirator while performing your job functions. This questionnaire is **Protected Health Information** so please treat it as such. Crafton Hills College (SBCCD) will treat this document as Protected Health Information as well and will only allow certain Licensed Healthcare providers (PLHCP) access to this document for Fit Test Clearance purposes ONLY. These forms are fillable PDF forms.

Medical Questionnaire (First Form)

Please do not change any of the questions that have been pre-populated.

Page 1: Please complete all the questions on this page. The answer to question #1 is **Yes**. LLUMC is the medical provider.

Page 2: Please complete all the questions on this page.

Page 3: Please complete all the questions on this page.

Page 6: Please answer Question #9.

Page 7: Please sign and date.

Medical Clearance (Second Form)

Complete the demographic information on the first three lines located at the top of the form. The Licensed Healthcare Professional who reviews your Medical Questionnaire will complete the remainder of the form. Print the entire document and hand to the Licensed Healthcare Professional with your Medical Questionnaire. If you have any questions please feel free to contact me at (909) 389-3388

Thank You!