

**Medical Recommendation Form.**

A physician or other licensed health care professional's report of evaluation and approval for respirator use must be on file with the employer before work requiring respirator use is allowed. The following or substantially similar statement from a physician is acceptable.

On \_\_\_\_\_,  
(Date)

I evaluated

\_\_\_\_\_  
(Patient's Name)

At this time there (are)/(are not)

medical contraindications to the employee named above wearing a respirator while working in potential pesticide exposure environments.

The patient (does)/(does not)

require further medical evaluation at this time. Any restrictions to wearing a respirator or to the type of respiratory protection are given below.

---

---

---

---

---

I have provided the above-named patient with a copy of this form.

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Date