

PLHCP Written Statement for N95 Respirators for Nursing Students

Response to – STUDENT’S QUESTIONAIRES

Student Name	_____	Address	c/o EHOS
			1600 Holloway Ave
Job Title	Nursing Student Internship		San Francisco
			CA 94132
		SFSU ID	_____
Nursing Department	SF State University		_____

Physician will complete the following

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on separate forms, in separate files and must be treated as a confidential medical record with the following exceptions:
Direct faculty member may be informed about necessary restrictions on work duties of the student and necessary accommodations.

First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based on my findings I have determined that this student

- has had / must schedule a medical exam with SFSU SHC prior to respirator approval & usage
- Class 1 – No restrictions on Respirator use
- Class II – Some Specific Use Restrictions
 - To be Used for Emergency Response or Escape Only
- Further Testing Evaluation Required
 - Student must obtain further medical evaluation prior to respirator approval and usage
- Fit Test Required
- Special prescription eyewear needed to accommodate respirator
- Facial hair needs to be shaved to assure tight seal on certain facemasks.
- The above student HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. The limited evaluation is specific to their respirator use as described on the Nursing Student Questionnaires Form only.
Students should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician.
The evaluation included the Respirator Questionnaire mandated by 29 CFR 1910.134
- The above individual HAS NOT been examined by me for respirator fitness in accordance with 29 CFR 1910.134. The student medical evaluation consisted of a review of the Nursing Student Questionnaires Form. The limited evaluation is specific to their respirator use as described on their Faculty Respirator Authorization Form only.
Students should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician.
- In accordance with 29 CFR 1910.134 I have informed the above named individual of the results of this evaluation.
Where applicable the above named individual has been advised regarding medical conditions which might arise from the exposures described in their Student Information for Respirator Evaluation Form. Where applicable the above named individual has been advised to stop smoking and been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

_____ Physician Signature A43437	Alastair K Smith MD
_____ Physician' License #	_____ Physician Name
	_____ Date of Exam
	_____ Expires On