

# STUDENT INFORMATION FOR RESPIRATORY EVALUATION

## FACULTY TO COMPLETE THE FOLLOWING:

Student Name: \_\_\_\_\_

Address:

c/o Environmental Health and Safety (EHOS)

Job Title: Nursing Internship N95 Mask Requirement

1600 Holloway Avenue

San Francisco,

SFSU ID #: \_\_\_\_\_

CA 94132

### Check Type of Respirator(s)

(Check ALL that apply)

- Air-purifying (non-powered)       Air-purifying (powered)
- Atmosphere supplying Respirator       N 95 Mask
- Combination air-line and SCBA
- Supplied-Air Respirator       Continuous-Flow Respirator
- Open Circuit SCBA       Closed Circuit SCBA
- Dust Mask     1/2 Face with Canisters     Full Face with Canisters

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Cartridge: \_\_\_\_\_

### Special Work Conditions

(Check ALL that Apply When Wearing Respirator)

- High Places       Enclosed Places     Protective Clothing
- Temperature Extremes     Mostly Cold       Mostly Hot

Other: \_\_\_\_\_

### Extent of Respirator Usage

(Check ALL that apply)

- On a daily basis \_\_\_\_ Total Hours
- Occasionally - but not more than twice a week \_\_\_\_ Total Hours
- Rarely - or for Emergency situations only \_\_\_\_ Total Hours

### Expected Physical Effort Required (Check ALL that apply)

- Light       Moderate       Heavy

### Exposure to Hazardous Materials (Check ALL that apply)

- Arsenic       Benzene
- Coke Oven       Cotton Seed / Dust
- Cadmium       Formaldehyde
- Methylene Chloride       Lead
- Textiles       Chromium
- H1N1 Virus

Completed Student Information for Respiratory Information Form,  
Student Questionnaires and the Medical Clearance form  
will be hand delivered by the Student to the Urgent Clinic at the SHC.  
Student to request the forms to be evaluated by the Director of the SHC or  
his/her designee.

\_\_\_\_\_  
Name of Faculty Representative

\_\_\_\_\_  
Signature of Faculty Representative