

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