

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**RESPIRATOR USE APPROVAL**  
*(Privacy Act Statement may be found on the reverse side of this form)*

EMPLOYEE NAME	WORK ADDRESS
SOCIAL SECURITY NUMBER	

**TO BE COMPLETED BY PHYSICIAN OR LICENSED HEALTH CARE PROFESSIONAL**

The employee **IS APPROVED** to wear (you can check more than one):

- N, R, or P disposable respirator (filter mask, non-cartridge type only).
- Other type (for example, half- or full-face piece type, powered-air purifying, supplied-air, or self-contained breathing apparatus).

Please include any other considerations, such as limitations on respirator use associated with medical conditions, the need for follow-up evaluations, etc.

The employee is **NOT APPROVED** to wear (you can check more than one):

- N, R, or P disposable respirator (filter mask, non-cartridge type only).
- Other type (for example, half- or full-face piece type, powered-air purifying, supplied-air, or self-contained breathing apparatus).

PHYSICIAN/HEALTH CARE PROFESSIONAL SIGNATURE	PHYSICIAN/HEALTH CARE PROFESSIONAL ADDRESS
EMPLOYEE SIGNATURE	DATE
SUPERVISOR'S SIGNATURE	DATE

Forward a copy of this form to:

USDA, APHIS  
APHIS Business Services, Minneapolis  
250 Marquette Ave STE 410  
Minneapolis, MN 55401-2329  
ATTN: Human Resources Operations, Health Files

**PRIVACY ACT NOTIFICATION  
RESPIRATOR USE APPROVAL**

Participation in this program will require that you provide personal biographical and medical information to professional medical personnel. The Privacy Act of 1974, therefore, requires that you be given the following information about the program before you participate.

**AUTHORITY** - We are authorized by the Occupational Safety and Health Act of 1970 and 5 U.S.C. 3301 to obtain personal information from participants in the program. Title 29, Code of Federal Regulations, Part 1910.134 provides for medical evaluation and mandatory participation in a respiratory protection program.

**PURPOSE** - The program is designed to protect Agency employees from potential hazards in their work environment and to reduce exposures to harmful agents. Respirator medical evaluation records will document health status, and provide an assessment of approved respiratory protective measures.

**ROUTINE USES** - Using a respirator may place a physiological burden that varies with the type of respirator worn, the job and workplace conditions in which the respirator is used, and the medical status of the employee. Medical evaluation information is used to assess an employee's ability to wear a respirator.

**EFFECTS OF NON-PARTICIPATION** - If you decide not to participate or refuse medical evaluation, we will be unable to assess your ability to wear a respirator, a respiratory protection will not be provided to you. This may affect your ability to enter some work environments. Non-participation may result in disciplinary action for failure to follow instructions.