

Non EPA Employees or New EPA Employees

TO: EPA ERTTP Course Registrar

Concerning: Attendance in Health and Safety 40 Hour HAZWOPER Course

Date: _____

Subject: Respiratory Qualification Information

This information pertains to _____, who has received a medical evaluation concerning the use of the following types of respirators:

- N, R, or P disposable respirator (filtered face piece, non-cartridge type only)
 - Cartridge-type respirator (filtered mask with any type of cartridge)
 - Powered Air Purifying Respirator (PAPR)
 - Self Contained Breathing Apparatus (SCBA)
 - Supplied Air Respirator
 - Other type of respirator: _____
- _____

The individual above HAS / HAS NOT been found to be physically able to wear the respirators checked above.

Limitations on respirator use and need for follow-up exam (if any): _____

This respirator qualification expires 1 2 or 3 years from the date below.
(Checkmark or circle one timeframe period only. If not circled or marked, by default the clearance expires in one year.)

I have provided this individual with a copy of written recommendations regarding their medical qualifications to wear the respirator specified above.

Physician or Licensed Health Care Professional (LHCP)
(signature with stamp below)

Date of Evaluation

Note: Upon receipt of physician or LHCP signature, the signed form must be emailed to: ertp-h&s@epa.gov. The file name should include the employees name as well as the course date. This form is a required prerequisite to complete registration/enrollment in the ERTP 40-Hour HAZWOPER training course,

INSTRUCTIONS FOR USING THIS FORM – applicable to non-EPA Staff and new EPA employees

This form is used by non-EPA staff as well as new EPA employees to communicate Medical Evaluation Clearance for individuals cleared for respirator use. **Medical clearance for respirator use is a mandatory pre-requisite for registering/enrolling for the 40-Hour HAZWOPER training course thru the EPA ERTTP program (Environmental Responses Training Program).** ERTTP prefers use of this form, because it limits the amount of Medical PII transmitted to ERTTP.

Typically before this form is used the individual visits their Physician, or Licensed Health Care Professional (LHCP), who completes their medical evaluation. **Upon completion, subsequently they use this form to convey the overall medical clearance to ERTTP by affixing the Physician or LHCP signature to this form.**

Afterwards the form is transmitted to email address: ertp-h&s@epa.gov