



Physical Examination For Respirator Use

Date of Exam: _____

Name _____ SS # _____ Sex _____

Company/ Name _____

Examination:

Visual Acuity: R _____ L _____ B _____

Ht _____ Wt _____ BP _____ P _____ R _____

Heent _____ Lungs _____ Heart _____

PFT Results: FVC % _____ FEV1% _____ FEV1/FVC% _____

Impression:

Medically Qualified for Respirator Use: Yes _____ No _____

Comments: _____

Physician / Physician Assistant
Medac Corporate Health

Date

Michael Moulton, M.D.,
M.R.O Medical Director

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Director

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