## Appendix A: Mandatory Respirator Useit-Testing Authorization

Return this signed form to the Safety and Risk Management Of <u>(material wcu.ed</u> or via intercampus mail to Facilities Management Safety Office)

When the form is received, you will be enrolled in the onlined dical evaluation system When the medical questionnaire is completed, you will be notified by the Safety and Risk Management Office to conduct the fittesting for your respirator.

Employee Name	
Employee Email	
Employee 92#	
Employment Status (Faculty, Staff	
Graduate Student, Student Worke	r)
Department	
SupervisoName	
Supervisor Email	

Type of RespiratorUsed(filtering facepiece N95, half maskull face masketc):

Reasorfor Respirator Usedescribe work activities and conditions):

Employe Signature:	Date:
Supervisor Signature:	Date:
Department Billing <b>&amp;</b> count:	
(For MedicalEvaluation Fee)	
Department Billing Contact:	<u> </u>