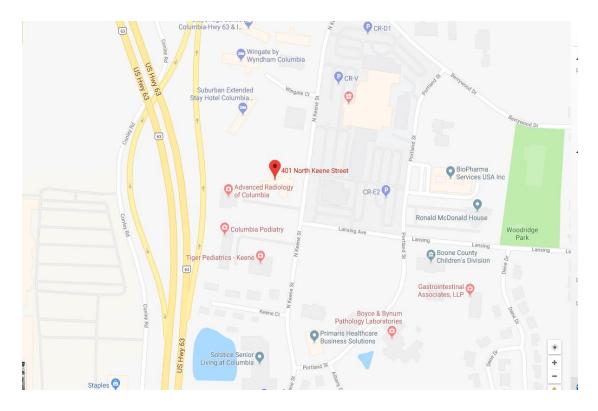
## Campus Facilities Respirator Clearance Request

Employee	Name		
	ID		
	Phone Number		
Department	Name		
	<u> </u>		
Departmental	Name		
Contact	e-mail address		
	Phone Number		
Type of respirator that you will use		Work effort (check one)	
(check all that apply)			
☐ N95 filt	ering face piece	Light (writing, typing, light assembly / production)	
	Tight-fitting (Half/Full Face)  Moderate (lift and carrying 50 lbs., show climbing stairs with load, repetitive stack)		
		☐ Heavy (lift and carrying 50 lbs., shoveling, climbing	
stairs with load, repetitive stacking)			
Work Conditions (check all that apply)			
$\square$ Emergency or escape only		$\square$ Work can be paced	
Intermittent use		☐ Awkward positions	
High temperature		☐ Confined spaces	
☐ Continuous use		☐ Must be able to see and hear emergency signals	
High humidity		Protective clothing:lightheavy	
Instructions:			
1. Fill out Campus Facilities Respirator Clearance Request.			
	2. Have employees fill out Campus Facilities Respirator Clearance Questionnaire and put in sealed envelope.		
•	3. Departmental contact will hand deliver the Questionnaire and Respirator Clearance Request		
Occupational Medicine of Mid Missouri			
401 N Keene Street			
Columbia, MO 65201			
Main line: 573-876-1600			
Note: employees may hand deliver the questionnaire			
Signatu	ure of Departmental Conta	nct Date	

Note: If a medical examination is warranted by the results of the questionnaire, departmental contact will be contacted to schedule any needed examinations or follow-ups.

## Campus Facilities Respirator Clearance Request

## **Location of Occupational Medicine of Mid Missouri**



Boone Clinic building across the street from Women's and Children's Hospital. We are located on the first floor, just inside the main entrance, on the right and share a waiting room with the urgent care.