

Carolina Family Health Centers, Inc.

Carolina Family Dental Center • Freedom Hill Community Health Center • Harvest Family Health Center
• Wilson Community Health Center

Medical Evaluation Form

Employee Name (printed): _____

(To be completed by a licensed health care professional and given to the Program Administrator)

Working Environment Form

Categorization of Workload* Light Moderate Heavy
 _____ _____ _____

Will the user be working under hot conditions (temperature exceeding 77° F (circle one): Yes No

Hazards to be protected against (e.g., infectious diseases): [Infectious Disease](#)

Type of respirator to be assigned: [N95](#)

Special Considerations: _____

Medical Approval Form

_____ This person can wear a respirator without restrictions

_____ This person can wear a respirator, subject to the following restrictions:

_____ This person cannot use a respirator of the type described above.

Medical Provider's Signature

Date