Respirator Medical Evaluation Results

Name: Glenn Hale
Location: 820 Valley View Blvd Las Vegas NV 89103
Company: Comstock Gold Mine | Job Title: Miner

Your Medical Evaluation Result:

Approved

Your medical approval to wear a respirator authorizes you to proceed to the respirator fit testing.

This approval is based on the information you provided in your medical evaluation screening questionnaire. You are medically approved for the following respirators that you listed:

Respirator Type: Half Face Respirator **Frequency of usage: Daily**	**Temperature: 95 and higher** **Humidity: 0 – 20%**	**Work duration: 8 hours** **Work Load: Medium Duty**	**Clothing: LEVEL "D" : Standard work uniform, scubs, coveralls, Safety eyewear, gloves, hardhat, work boots**

PLHCP Comments: NA

Frequency of Medical Exam : Annually

If you should experience a change in weight of more than 20lbs or lose 20 lbs then your facial features may have changed, which can impact your respirator seal. A respirator fit test may be needed because the facial changes may impact your tight seal and your ability to be protected from toxic chemicals or particulates. We want you to stay safe and healthy while wearing a respirator and encourage you to be re-fit tested whenever your facial features are changing. If this happens, you should stop wearing the respirator and speak with your supervisor or your company's safety director about these changes and whether a new fit test is necessary. If you have any questions regarding your medical approval and ability to safely wear and use your respirator please feel free to contact us.

Steven Olenchak, PA-C
Respiratory Protection Healthcare Professional
October 17, 2024

Henderson Pain Center of business provides evaluation of medical evaluation questionnaires on behalf of your employer and in accordance with all OSHA and HIPPA regulations. These evaluations are not meant, with regard to the candidate, to infer, construe or otherwise suggest any specific diagnosis nor is it an attempt to diagnose, cure or treat in any manner or by any means, methods, devises or instrumentalities, any disease, illness, pain, wound, fracture, infimrity, sickness, deformity, defect or abnormal physical or mental condition of any person evaluated. In the event that I do not pass evaluation, I understand that it is up to me and/or my supervisor at my employers to contact an appropriate physician or other licensed healthcare professional to further evaluate this matter and conduct a more thorough medical evaluation.

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