

Morris County Public Safety Training Academy
PO Box 900
Morristown, New Jersey 07963-0900

OSHA Respiratory Clearance Certification

Recruit Name (Printed): _____

Recruit Department (Printed): _____

To Be Completed By Healthcare Provider

I have reviewed the **OSHA Respirator Medical Evaluation Questionnaire** provided to me by the above recruit and I have determined that he/she is medically fit to wear a Self Contained Breathing Apparatus (SCBA) while performing the duties of Firefighter Recruit, without limitations.

Healthcare Provider Name (Printed): _____

Practice / Firm: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____

Signature: _____

Date: _____

Admin Use Only

Received by Academy Date: _____