



Date:				
То:	EPA/ERTP Course Registrar			
From:				
	Authorization Indivi	idual		
Re:	Medical Clearance for Training with Respiratory Protective Equipm			
		nt identified below ha ective equipment in ac		•
Employ	vee Name			
Address	s line 1			
Address	s line 2			
City			State	Zip
Authorizing in	octor (Signature) ndividual's name ger or Health Care Pro	Title		Date

INSTRUCTIONS FOR USING THIS FORM – applicable to EPA Staff*

This form is used by the EPA employee's Safety, Health and Environmental Management Official (SHEM) to communicate Medical Evaluation Clearance for staff that are cleared for repirator use. Medical clearance for respirator use is a mandatory pre-requisite for registering/enrolling for the 40-Hour HAZWOPER trianing course thru the EPA ERTP program (Environmental Respones Training Program). ERTP prefers use of this form, because it limits the amount of Medical PII transmitted to ERTP.

Typically before this form is used the EPA employee's SHEM has reviewed the employee's medical information provided by the employee's physician or FOH (Federal Occupational Health) physician. Once the SHEM's review is complete, subsequently they use this form to convey the overall medical clearance to ERTP by affixing the SHEM signature to this form.

Afterwards the form is transmitted to emal address: ertp-h&s@epa.gov

*Note: There is a different form used for "New EPA Staff".