

Respirator Services Enrollment Form

To enroll your company for MultiCare OccMed respirator services:

- Complete pages 1 and 2 of this form, and sign.
- To use the secure web portal respirator questionnaire service, *also* complete page 3
- Obtain your OSHA/L&I compliant respirator program document.
- Send all to Account Services by email to occmed@multicare.org (preferred) or fax to 253-459-6708

Company/Employer

Company Name: _____	Dept / Division: _____
Resulting Contact Name: _____	Contact Tel: _____
Resulting Contact Email: _____	Contact Fax: _____
Respiratory Program Administrator of Record: <input type="radio"/> Same as Above, or Name: _____	
Program Administrator Contact Information: <input type="radio"/> Same as Above, or Phone: _____	
	Email: _____

Service Selections

Medical Evaluation to Wear Respirators

Questionnaire Only Initially? Yes No If Yes: Exam will be scheduled for individuals not cleared based on the questionnaire.
 If No: Questionnaire review will be paper method, done during exam.

Questionnaire Review Method: Secure web portal Paper form

- Complete web portal section on page 3
 - Employees complete the form online.
 - Online resulting to employee and employer.
- Use MultiCare OccMed questionnaire version.
 - Completed questionnaires contain private health information – employer must not view.
 - Deliver completed questionnaires in sealed envelope(s) to clinic

Clearance Exam Always includes: Provider exam, vitals, urine dip test, pulmonary function test (PFT)
 Rarely requires: Chest x-ray and/or other diagnostic tests.
 Do not perform chest x-ray or additional tests
 Contact employer for approval prior to performing x-ray or other tests

Fit Testing (qualitative) No
 Yes, occasionally when specifically requested.
 Yes, add to respirator certification exams

Resulting Email above US Mail to: _____
 Secure fax number above*:
 • Clearance letters for paper questionnaire reviews and all exams. _____
 • Fit test records. **By indicating fax resulting, the employer confirms employee/candidate private information will be protected.* Address _____
 City, State, Zip _____

Continued on page 2

For Online Questionnaire Review

This page is not necessary if you do not plan to use the online questionnaire. Preset values pre-populate the web questionnaire which employees complete, ensuring an appropriate clearance determination.

Work Duration ___ No Preset
 ___ 4-8 Hours
 ___ 8-12 Hours

Frequency of Work Duration ___ No Preset
 ___ Daily
 ___ 2-3 times Per Week
 ___ Other

Additional Protective Clothing ___ No Preset
 ___ **Level A:** Fully encapsulated suit, positive pressure SCBA
 ___ **Level B:** Flash suit, chemical protective clothing, positive pressure SAR or SCBA
 ___ **Level C:** Chemical protective clothing, air purifying respirator
 ___ **Level D:** Standard work uniform, coveralls, safety glasses, hard hat, steel-toe boots.

Expected Physical Effort ___ No Preset
 ___ **Light:** Includes sitting while writing, typing, drafting, light assembly work, controlling machines
 ___ **Moderate:** Includes driving, standing while drilling, nailing, performing assembly work or transferring a moderate load (about 35 lbs.) at trunk level, walking on a surface about 2 mph or down a 5-degree grade about 3 mph, or pushing a wheel barrow with a heavy load (about 100 lbs.) on a level surface.
 ___ **Heavy:** Includes lifting about 50 lbs., climbing stairs, walking up an 8-degree grade.

Temperature/Humidity Extreme:

Respirator Types	Half-Facepiece	Full-Facepiece
<i>(check all that apply – one minimum)</i>	___ Air purifying	___ Air purifying
	___ Powered-air purifying	___ Powered-air purifying
	___ Supplied air	___ Supplied air
	Other	
	___ Self-Contained Breathing Apparatus (SCBA)	
	___ N, R, or P disposable respirator (filter, non-cartridge type only)	

Frequency of Respirator Usage ___ Escape only (no rescue)
 ___ Emergency rescue only
 ___ Less than 5 hours *per week*
 ___ Less than 2 hours *per day*
 ___ 2-4 hours *per day*
 ___ over 4 hours *per day*
