

**DIVISION OF COMPARATIVE MEDICINE**

**MEMORANDUM**

**TO:** [Comparative Medicine Staff]

**FROM:** [name of Director conducting the employee orientation]

[title]

 **DATE:**

**RE:** Respiratory Protection

The Division of Comparative Medicine has an agreement with the USF Medical Administration and USF Environmental Health & Safety for the provision of a Respiratory Protection Program. This program includes review of the ***Medical Evaluation and Questionnaire*** form, physical examination when indicated, respirator fit testing, and annual retesting services.

Enrollment in the program is voluntary and offered to all Comparative Medicine staff. It is highly recommended for employees who are primarily assigned to work duties that involve the generation of aerosols, dusts, and/or animal allergens (e.g., cage wash personnel). Enrollment is initiated by completing **CMDC #238** ***Medical Evaluation and Questionnaire*** form and submitting by email to mha@health.usf.edu. Once the form is reviewed and clearance granted you will receive an email response to make an appointment with USF EH&S for a respirator fit test.

Individuals **required** to wear respiratory protection (e.g., respirator, PAPR, N-95) due to a physical condition, or potential exposure to chemical or biological hazards, must be enrolled in the Respiratory Protection Program.

Please complete the bottom portion of this memo and return to the Director named above.

Employee name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I understand:

☐ Comparative Medicine has a Respiratory Protection Program in place and participation is voluntary and offered to all employees.

☐ Some assigned duties/conditions require individuals to wear respiratory protection and participation in the program.

☐ I can enroll in the program anytime by notifying my supervisor.

 Signature Date