SERVICIOS DE SALUD INDUSTRIAL
1255 Paseo Las Monjitas, Suite 210
Ponce, PR 00730-4222
Tel. (787) 844-6640

Respirator Use Medical Recommendation

Name: ANGEL M. RIVERA GUIDO Social Security: 3236

Date: 11-13-13 Company: ALTOL Job Title: TECNICO

Based on the below-marked criteria:

1. Review of the OSHA Respirator Health Questionnaire..... ☑ Yes ☐ No
2. Pulmonary Function Tests..... ☑ Yes ☐ No
3. Medical Interview..... ☑ Yes ☐ No
4. Pertinent physical examination ..... ☑ Yes ☐ No
5. Further evaluation as appropriate..... ☐ Yes ☑ No

this individual is Medically Approved for the use of the following respirator(s) subject to fit test:

1. Disposable Single Use Respirator (Dust masks)..... ☑ Yes ☐ No
2. Negative Pressure Air Purifying Respirator (APR's)..... ☑ Yes ☐ No
3. Powered Air Purifying Respirator (PAPR's)..... ☑ Yes ☐ No
4. Supplied Air (Air Line) Respirator (SAR's)..... ☑ Yes ☐ No
5. Self-contained breathing apparatus (SCBA) ..... ☑ Yes ☐ No

_____ Not cleared for respirator use.

_____ Employee may decline respirator-requiring assignments for temporary health related difficulties.

_____ Respirator assignment must not be for IDLH (Immediate Danger to Life or Health) environments.

_____ Employee should not perform rescue duty or serve as a member of a rescue team.

_____ Further medical information/evaluation is required prior to qualifying for respirator use.

_____ Other recommendations and suggested accommodations:

Recommended time period for next exam: ( ) _____ ( ) 1 year (✓) 2 years

Practitioner's signature — License Number 631 — Date 11/13/2013

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Respirator Use Medical Recommendation

Name: DESTHER A. TIRADO Social Security: 3743

Date: 11-6-13 Company: ALTOL Job Title: TRABAJO

Based on the below-marked criteria:

1. Review of the OSHA Respirator Health Questionnaire..... ☑Yes ☐No
2. Pulmonary Function Tests..... ☑Yes ☐No
3. Medical Interview..... ☑Yes ☐No
4. Pertinent physical examination ..... ☑Yes ☐No
5. Further evaluation as appropriate..... ☐Yes ☑No

this individual is Medically Approved for the use of the following respirator(s) subject to fit test:

1. Disposable Single Use Respirator (Dust masks)..... ☑Yes ☐No
2. Negative Pressure Air Purifying Respirator (APR's)..... ☑Yes ☐ No
3. Powered Air Purifying Respirator (PAPR's)..... ☑Yes ☐No
4. Supplied Air (Air Line) Respirator (SAR's)..... ☑Yes ☐No
5. Self-contained breathing apparatus (SCBA) ..... ☑Yes ☐No

_____ Not cleared for respirator use.
_____ Employee may decline respirator-requiring assignments for temporary health related difficulties.
_____ Respirator assignment must not be for IDLH (Immediate Danger to Life or Health) environments.
_____ Employee should not perform rescue duty or serve as a member of a rescue team.
_____ Further medical information/evaluation is required prior to qualifying for respirator use.
_____ Other recommendations and suggested accommodations:

Recommended time period for next exam: ( ) _____ ( ) 1 year (✓) 2 years

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Respirator Use Medical Recommendation

Name: HUMBERTO RODRIGUEZ Social Security: 3783

Date: 11-20-13 Company: ALTOL Job Title: TECNICO M.

Based on the below-marked criteria:

1. Review of the OSHA Respirator Health Questionnaire..... ☑Yes ☐ No
2. Pulmonary Function Tests..... ☑Yes ☐ No
3. Medical Interview..... ☑Yes ☐ No
4. Pertinent physical examination ..... ☑Yes ☐ No
5. Further evaluation as appropriate..... ☐Yes ☑ No

this individual is Medically Approved for the use of the following respirator(s) subject to fit test:

1. Disposable Single Use Respirator (Dust masks)..... ☑Yes ☐ No
2. Negative Pressure Air Purifying Respirator (APR's)..... ☑Yes ☐ No
3. Powered Air Purifying Respirator (PAPR's)..... ☑Yes ☐ No
4. Supplied Air (Air Line) Respirator (SAR's)..... ☑Yes ☑ No
5. Self-contained breathing apparatus (SCBA) ..... ☑Yes ☐ No

_____ Not cleared for respirator use.
_____ Employee may decline respirator-requiring assignments for temporary health related difficulties.
_____ Respirator assignment must not be for IDLH (Immediate Danger to Life or Health) environments.
_____ Employee should not perform rescue duty or serve as a member of a rescue team.
_____ Further medical information/evaluation is required prior to qualifying for respirator use.
_____ Other recommendations and suggested accommodations:

Recommended time period for next exam: ( ) _____ ( ) 1 year (✓) 2 years

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Respirator Use Medical Recommendation

Name: JOSE J. REYES RIVERA Social Security: 3768

Date: 11-6-13 Company: ALTOL Job Title: TRABAJO

Based on the below-marked criteria:

1. Review of the OSHA Respirator Health Questionnaire..... ☑ Yes ☐ No
2. Pulmonary Function Tests..... ☑ Yes ☐ No
3. Medical Interview..... ☑ Yes ☐ No
4. Pertinent physical examination ..... ☑ Yes ☐ No
5. Further evaluation as appropriate..... ☐ Yes ☑ No

this individual is Medically Approved for the use of the following respirator(s) subject to fit test:

1. Disposable Single Use Respirator (Dust masks)..... ☑ Yes ☐ No
2. Negative Pressure Air Purifying Respirator (APR's)..... ☑ Yes ☐ No
3. Powered Air Purifying Respirator (PAPR's)..... ☐ Yes ☐ No
4. Supplied Air (Air Line) Respirator (SAR's)..... ☑ Yes ☐ No
5. Self-contained breathing apparatus (SCBA) ..... ☑ Yes ☐ No

_____ Not cleared for respirator use.

_____ Employee may decline respirator-requiring assignments for temporary health related difficulties.

_____ Respirator assignment must not be for IDLH (Immediate Danger to Life or Health) environments.

_____ Employee should not perform rescue duty or serve as a member of a rescue team.

_____ Further medical information/evaluation is required prior to qualifying for respirator use.

_____ Other recommendations and suggested accommodations:

Recommended time period for next exam: ( ) _____ ( ) 1 year (~~12~~ years

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Respirator Use Medical Recommendation

Name: JOSE A. SANTOS GUZMAN Social Security: 2306

Date: 8-31-12 Company: ALTOL Job Title: TEC. AMB.

Based on the below-marked criteria:

1. Review of the OSHA Respirator Health Questionnaire..... ☑Yes ☐No
2. Pulmonary Function Tests..... ☑Yes ☐No
3. Medical Interview..... ☑Yes ☐No
4. Pertinent physical examination ..... ☑Yes ☐No
5. Further evaluation as appropriate..... ☐Yes ☑No

this individual is Medically Approved for the use of the following respirator(s) subject to fit test:

1. Disposable Single Use Respirator (Dust masks)..... ☑Yes ☐No
2. Negative Pressure Air Purifying Respirator (APR's)..... ☑Yes ☐ No
3. Powered Air Purifying Respirator (PAPR's)..... ☑Yes ☐No
4. Supplied Air (Air Line) Respirator (SAR's)..... ☑Yes ☐No
5. Self-contained breathing apparatus (SCBA) ..... ☑Yes ☐No

_____ Not cleared for respirator use.

_____ Employee may decline respirator-requiring assignments for temporary health related difficulties.

_____ Respirator assignment must not be for IDLH (Immediate Danger to Life or Health) environments.

_____ Employee should not perform rescue duty or serve as a member of a rescue team.

_____ Further medical information/evaluation is required prior to qualifying for respirator use.

_____ Other recommendations and suggested accommodations:

Recommended time period for next exam: ( ) _____ ( ) 1 year (✓) 2 years

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Respirator Use Medical Recommendation

Name: MIGUEL D. CORTES SANTIAGO Social Security: 9731

Date: 11-13-13 Company: ALTOL Job Title: TECNICO

Based on the below-marked criteria:

1. Review of the OSHA Respirator Health Questionnaire..... ☑Yes ☐No
2. Pulmonary Function Tests..... ☑Yes ☐No
3. Medical Interview..... ☑Yes ☐No
4. Pertinent physical examination ..... ☑Yes ☐No
5. Further evaluation as appropriate..... ☐Yes ☑No

this individual is Medically Approved for the use of the following respirator(s) subject to fit test:

1. Disposable Single Use Respirator (Dust masks)..... ☑Yes ☐No
2. Negative Pressure Air Purifying Respirator (APR's)..... ☑Yes ☐ No
3. Powered Air Purifying Respirator (PAPR's)..... ☑Yes ☐No
4. Supplied Air (Air Line) Respirator (SAR's)..... ☑Yes ☐No
5. Self-contained breathing apparatus (SCBA) ..... ☑Yes ☐No

_____ Not cleared for respirator use.

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_____ Further medical information/evaluation is required prior to qualifying for respirator use.

_____ Other recommendations and suggested accommodations:

Recommended time period for next exam: ( ) _____ ( ) 1 year (✓) 2 years

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