



## **McLaren** OCCUPATIONAL HEALTH & CONVENIENT CARE

Office Stamp	Office Stamp
RESPIRATOR FIT	RESPIRATOR FIT
DATE:	DATE:
PATIENT:	PATIENT:
COMPANY:	COMPANY:
PATIENT IS ABLE TO WEAR PARTICLE MASK	PATIENT IS ABLE TO WEAR PARTICLE MASK
RESPIRATOR NEGATIVE PRESSURE OR POSITIVE PRESSURE	RESPIRATOR NEGATIVE PRESSURE OR POSITIVE PRESSURE
PHYSICIAN	PHYSICIAN

MM-34222 (9/19) MM-34222 (9/19)