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Certification No. _____
Date of Issue _____
Approved by _____
Title _____

PHYSICIANS EXAMINATION FORM

(To be used in determining the physical condition of men to wear oxygen breathing apparatus)

In order that wearers of self-contained oxygen breathing apparatus may have their safety assured and that they may work efficiently, they should be examined by a physician. They should be sound in body, normal in mind, and physically fit. The following information is the minimum that should be obtained by such an examination:

Name _____ Address _____

Employer _____ Address _____

Age _____ Weight _____ Height _____ Nose: Normal _____ Abnormal _____

Eyes: Vision Right eye _____ Left eye _____

Hearing: Right ear _____ Left ear _____

Chest: Normal _____ Abnormal _____

Chest expansion: Full expiration _____ Full inspiration _____

Throat: Normal _____ Abnormal _____ Lungs: Normal _____ Abnormal _____

Heart: Normal _____ Abnormal _____ *Pulse rate: Standing _____

After Exercise _____

After two (2) minutes rest _____

Blood pressure: Systolic _____ Diastolic _____

Abdomen: Weak, scars, or hernia _____

Loss of extremities: Members _____ Nervous or composed _____

Is the applicant capable of sustained strenuous work while wearing oxygen breathing apparatus? _____

_____

_____
Physician's signature

_____ _____
Date Address

*The pulse rate should be taken for a full minute as follows: (a) While the applicant is standing; (b) While the applicant is standing after making a step test (18 in. high, 15 times in 30 seconds); (c) After the applicant has been sitting down two (2) minutes following the step test. If the third pulse rate exceeds by two beats per minute the first pulse rate, the applicant is not physically fit to wear breathing apparatus.

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