



MANAGER RESPIRATOR CLEARANCE REQUEST FORM

- ☐ Herrin Hospital ☐ Memorial Hospital of Carbondale ☐ St. Joseph Memorial Hospital
☐ System Office ☐ SIH Medical Group

Employee/Applicant Information (please print)

Name _____ Date of Birth _____ Employee # _____

Department _____ Job Title _____

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Department _____ Job Title _____

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Name _____ Date of Birth _____ Employee # _____

Department _____ Job Title _____

Request Information

How many of your staff are currently cleared for respirator use? _____

Reason for requesting additional staff? _____

Work being performed that requires respiratory protection? _____

Requesting Manager _____ Phone # _____ Date _____

Please return completed form to Occupational Health and Safety prior to your employee (s) next scheduled shift:

Fax: 618-351-5621 or **Email:** OHS@sih.net