



RESPIRATOR OSHA EMPLOYEE DEMOGRAPHIC FORM

WORKFIRST sends a letter to you and your company providing the following information:

- additional testing required to medically clear you for respirator fit testing
- to affirm that you are medically cleared for fit testing which is completed by another entity, other than WORKFIRST
- type of respirator you are cleared to use after fit testing has been completed at WORKFIRST

In order that we provide a letter to you and your company in a timely manner we need you to complete the following information and return with the completed questionnaire.

Fax, mail or drop off the completed forms to:

WORKFIRST
 ATTN: Kathy Huska
 2250 EAST MARKET STREET
 YORK, PA 17402
 717-851-1600 (phone number)
 717-851-1650 (fax number)

NAME: _____
 Last Name First Name MI

ADDRESS: _____
 Street

 City/Town State Zip

PHONE NUMBER: (____) _____ (____) _____
 Home Work

DATE OF BIRTH: ____/____/____

SOCIAL SECURITY NUMBER: ____/____/____ *(used for billing purposes)*

COMPANY NAME: _____