



**RESPIRATOR OSHA EMPLOYEE DEMOGRAPHIC FORM** Occupational Health

*WellSpan Occupational Health 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 WellSpan Occupational Health
- type of respirator you are cleared to use after fit testing has been completed at WellSpan Occupational Health

*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:

WellSpan Occupational Health  
ATTN: AMANDA MCCAULEY  
2250 EAST MARKET STREET  
YORK, PA 17402  
717-851-1600 (phone number)  
717-812-5183 (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:** \_\_\_\_\_