

*Twin Cities Campus*

*Division of Environmental Health Sciences  
School of Public Health*

*1260 Mayo Memorial Building  
Mayo Mail Code (MMC) 807  
420 Delaware St. SE  
Minneapolis, MN 55455-0381*

*Phone: 612-626-0900  
Fax: 612-624-6866*

Dear Participant:

Enclosed are the hazardous materials training program Medical Evaluation and Waiver forms. These are required for all participants in hazardous materials training programs involving dress-out exercises.

**You must complete the following prior to attending the course:**

1. You must obtain a medical evaluation from a physician.

We have included three forms for you to give your physician. They are:

1. A letter to the physician which describes the health risks and medical exclusions related to the wearing of PPE in training programs.
2. A brief medical evaluation form to be completed by the physician and retained by him or her in your medical records.
3. A medical clearance form which must be signed by the physician and returned to the training center.

**If you do not have this completed, you will not be able to participate in "dress-out" simulations and will be eligible to receive a modified certificate only.**

2. You must sign and return the enclosed student/participant waiver to hazardous materials training program (Midwest Center) prior to the course.

**Please note that this medical clearance is for our training only. Our forms are not a substitute for the medical test required under OSHA regulations.**

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Dear Doctor,

Your patient has enrolled in a training program for hazardous material workers. The training may include full "dress-out" in personal protective equipment (PPE), including a respirator. Medical clearance is required prior to training because of the remote possibility of untoward health effects.

The training PPE involves wearing a chemical splash suit or a an air-tight, water-tight, fully encapsulated protective suit, weighing up to 25 pounds along with a self-contained breathing apparatus (SCBA) weighing up to 35 pounds. The self-contained breathing apparatus (SCBA) will be carried by shoulder straps on the back of the trainee. Trainees may be required to wear full PPE for up to one-half hour at a time and perform tasks such as maneuvering 55-gallon drums or simulate shoveling contaminated dirt. This may take place in heat or cold, indoors or outdoors.

Health risks include heat stress and demands on the cardiopulmonary systems. The work of breathing is increased, with increased inspiratory and expiratory resistance, increased dead space, and changes in minute ventilation. There is increased cardiac demand. The clothing itself induces heat stress, and inspired air in respirators may become heated. Other effects are reduced visual fields and voice clarity. Claustrophobia may be a problem. Trainees will receive on-site information about the signs and symptoms of heat stress.

Obvious medical exclusion for use of PPE and respirators include: uncontrolled hypertension, heart attack in the last six months, angina pectoris, aortic stenosis, history of spontaneous pneumothorax, moderate or severe pulmonary disease, obesity and poor conditioning.

Please administer the attached brief history and physical examination, review the results with the trainee, **sign, and mail or fax the medical clearance statement to the training program.** Laboratory studies (e.g., pulmonary function, cardiogram, exercise testing) are not required unless you feel they are indicated.

Thank you very much for your cooperation.

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**Medical Evaluation for the Hazardous Materials Training Program at the  
University Of Minnesota - TC**

History of: \_\_\_\_\_

*Name of Patient*

Uncontrolled hypertension	Yes _____	No _____
Angina pectoris	Yes _____	No _____
Myocardial infarction	Yes _____	No _____
Aortic stenosis	Yes _____	No _____
Other cardiac disease	Yes _____	No _____
Pneumothorax	Yes _____	No _____
Asthma	Yes _____	No _____
Chronic respiratory disease	Yes _____	No _____
Phobias to confined spaces	Yes _____	No _____

**Physical Examination:**

BP:                      Height: \_\_\_\_\_                      Weight: \_\_\_\_\_  
                                 Systolic                      \_\_\_\_\_                      Diastolic                      \_\_\_\_\_  
                                 Pulse                      \_\_\_\_\_                      Respiration                      \_\_\_\_\_

Heart:                      Rate                      \_\_\_\_\_  
                                 Rhythm                      \_\_\_\_\_  
                                 Murmurs                      \_\_\_\_\_  
                                 Other                      \_\_\_\_\_

Lungs:

Comments:

**Physician: Please file this page with patient records.  
Only return the Medical Clearance form**

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**Medical Clearance for Hazardous Materials Training Program at the  
University Of Minnesota - TC**

I have evaluated \_\_\_\_\_ and find him/her medically fit to participate in full "dress-out" using personal protective equipment including a respirator in the hazardous materials training program.

I understand that this does not substitute for full medical clearance for Hazardous Materials activities.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

To be filled out by patient:

Course Date: \_\_\_\_\_

Course Title: \_\_\_\_\_

**(Please note: this form must be received prior to the start of the class.)**

**Please return to:**

Environmental Health Sciences, University of Minnesota  
1260 Mayo Memorial Building, MMC 807  
420 Delaware St. SE, Minneapolis, MN 55455  
Attn: NIEHS  
**Fax: 612-624-6866**

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**Hazardous Materials Training Program at the University Of Minnesota - TC  
Student/Participant Waiver**

I understand that this training program includes:

- Wearing a chemical splash suit or a an air-tight, water-tight, fully encapsulated protective suit, weighing up to 25 pounds along with a self-contained breathing apparatus (SCBA) weighing up to 35 pounds.
- Wearing full PPE for up to one-half hour at a time and perform various tasks that will take place in heat or cold, indoors or outdoors.
- Participating in the full “dress-out,” will put extra strain on my lungs, heart and ability to cool off during exercise.

**If I feel that the exercises conducted as part of the training are affecting my health (increased heart beat, feeling “closed-in” while in the suit, or the effects of the heat or cold). I will alert the instructor and/or program staff immediately.**

**Student/Participant:**

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Course Date/s: \_\_\_\_\_

Course Title: \_\_\_\_\_

**(Please note: this form must be received prior to the start of the class.)**

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