



Kansas Bureau of Investigation

Kirk Thompson
Director

Derek Schmidt
Attorney General

CERTIFICATION THAT OFFICER HAS BEEN MEDICALLY CLEARED

The undersigned law enforcement agency head hereby certifies that the officer named below has undergone a medical evaluation as required by 29 C.F.R. §1910.134(c)(4), covering the material set forth in Appendix C to 29 C.F.R. §1910.134, and that the results were provided to this agency and reflected that:

This Officer has been medically cleared per the established guidelines of OSHA described in 29 C.F.R. §1910.134 to wear any type of respirator. Specifically a full faced respirator with canister and self-contained breathing apparatus.

Officer's Name: _____

Date Medical Clearance Was Obtained: _____

Employing Agency: _____

Agency Head's Signature: _____

Printed Name of Agency Head: _____

Date: _____

This form MUST be completely filled out and sent with your Officer in order to attend training requiring the wearing of any respirator or SCBA. Failure to do so will result in the Officer's inability to be fit-tested and receive a certificate of training.