Thank you for completing your medical evaluation in compliance with our Respiratory Protection Program. Your questionnaire indicates that you will need to complete an in-person health examination to make sure your body can tolerate wearing a respirator.

Please schedule an appointment with a provider close to you. You can find a list of providers throughout the state that can complete your health examination for fit testing at [Iowa Department of Health and Human Services: Respirators and Fit Testing in Iowa](https://hhs.iowa.gov/hai-prevention/respiratory). This appointment can be scheduled during normal working hours, and you do not need to take sick leave or vacation hours.

The cost of your appointment will be fully covered by us. When scheduling your appointment, please inform them that you did not pass an online medical evaluation for fit testing and your employer asked you to complete an in-person health examination. Please print and bring the attached Employee Respiratory Hazard Assessment Form to provide your doctor with detailed information about your tasks and potential hazards.

If you have any questions or concerns, please contact [INSERT PROGRAM ADMINISTRATOR NAME] at [INSERT ADMINISTRATOR CONTACT].

Thank you,

[INSERT YOUR NAME]

[INSERT COMPLETED APPENDIX B: EMPLOYEE RESPIRATORY HAZARD ASSESSMENT FORM]