Respirator Medical Evaluation Questionnaire

To the employer: Answers to questions in Section 1, and to question 9 in section 2 of Part A, do not require a medical examination.

To the employee: Can you read? (check one)..... □**yes** □**No**

***Your** employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory) * **Please Print**

The following information must be provided by every employee who has been selected to use any type of respirator.

Name:_____ Age (tonearestyear) _ Date / /____

Job Title:_____ ***!OPTIONAL:*** **S.S.#**_____

Sex: o Male o Female Height:_ feet_ inches Weight:_ lbs

Phone #: (*Where you can be reached by the health care professional who reviews this.

The best time to be reached at this#:_____A.M. / P.M.

Has your employer told you how to contact the heath care professional who will review this. oYes oNo

*Check the type of respirator you will use {You can check more than one category)

a. o N, R, or P disposable respirator (filter-mask, non-cartridge type only).

b. o Other type (for **example,** half- or full-face piece type, powered-air purifying, supplied air, self-contained breathing apparatus).

Have you worn a respirator? o Yes o No

If "yes", what type(s:)_____

Part A - Section 2 (Mandatory)

*Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please check 4 **"Yes"** or **"No")**

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month? oYes oNo

2. Have you ever had any of the following conditions?

- **a. oYes oNo** Seizures (fits)
- **b. oYes oNo** Diabetes (sugar disease)
- **c. oYes oNo** Allergic reactions that interfere with breathing
- **d. oYes oNo** Claustrophobia (fear of closed-in places)
- **e. oYes oNo** Trouble smelling odors

3. Have you ever had any of the following pulmonary or lung problems?

a.	oYes	oNo	Asbestosis
b.	oYes	oNo	Asthma
c.	oYes	oNo	Chronic bronchitis
d.	oYes	oNo	Emphysema
e.	oYes	oNo	Pneumonia
f.	oYes	oNo	Tuberculosis
g.	oYes	oNo	Silicosis
h.	oYes	oNo	Pneumothorax (collapsed lung)
i.	oYes	oNo	Lung Cancer
j.	oYes	oNo	Broken Ribs
k.	oYes	oNo	Any chest injuries or surgeries
l.	oYes	oNo	Any other lung problem that you've been told about

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

a.	oYes	oNo	Shortness of breath
b.	oYes	oNo	Shortness of breath when walking fast on level ground or walking up a slight hill or incline
c.	oYes	oNo	Shortness of breath when walking with other people at an ordinary pace on level ground
d.	oYes	oNo	Have to stop for breath when walking at your own pace on level ground
e.	oYes	oNo	Shortness of breath when washing or dressing yourself
f.	oYes	oNo	Shortness of breath that interferes with your job
g.	oYes	oNo	Coughing that produces phlegm (thick sputum)
h.	oYes	oNo	Coughing that wakes you early in the morning
i.	oYes	oNo	Coughing that occurs mostly when you are laying down
j.	oYes	oNo	Coughing up blood in the last month
k.	oYes	oNo	Wheezing
l.	oYes	oNo	Wheezing that interferes with your job
m.	oYes	oNo	Chest pain when you breathe deeply
n.	oYes	oNo	Any other symptoms that you think may be related to lung problems

5. Have you ever had any of the following cardiovascular or heart problems?

a.	oYes	oNo	Heart attack
b.	oYes	oNo	Stroke
c.	oYes	oNo	Angina
d.	oYes	oNo	Heart failure
e.	oYes	oNo	Swelling in your legs or feet (not caused by walking)
f.	oYes	oNo	Heart arrhythmia (heart beating irregularly)
g.	oYes	oNo	High blood pressure
h.	oYes	oNo	Any other heart problem that you've been told about

6. Have you ever had any of the following cardiovascular or heart symptoms?

a.	oYes	oNo	Frequent pain or tightness in your chest
b.	oYes	oNo	Pain or tightness in your chest during physical activity
c.	oYes	oNo	Pain or tightness in your chest that interferes with your job
d.	oYes	oNo	In the past two years, have you noticed your heart skipping or missing a beat
e.	oYes	oNo	Heartburn or indigestion that is not related to eating
f.	oYes	oNo	Any other symptoms that you think may be related to heart or circulation problems

7. Do you currently take medication for any of the following problems?

a.	**oYes**	**oNo**	Breathing or lung problems
b.	**oYes**	**oNo**	Heart trouble
c.	**oYes**	**oNo**	Blood pressure
d.	**oYes**	**oNo**	Seizures (fits)

8. If you've used a respirator, have you ever had any of the following problems?

*(If you've never used a **RESPIRATOR** go to question 9) **o** Never used a respirator.

a.	**oYes**	**oNo**	Eye irritation
b.	**oYes**	**oNo**	Skin allergies or rashes
c.	**oYes**	**oNo**	Anxiety
d.	**oYes**	**oNo**	General weakness or fatigue
e.	**oYes**	**oNo**	Other problems that interferes with your respirator use

9. **oYes** **oNo** **Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?**

***Questions 10 to 15** below must be answered by every employee who has been selected to use either a **FULL-FACEPIECE** respirator or a self-contained breathing apparatus **(SCBA).** For employees who have been selected to use other types of respirators, answering these questions is **volun tary**.

10. **oYes** **oNo** **Have you ever lost vision in either eye** (temporarily or permanently)?

11. Do you currently have any of the following vision problems?

a.	**oYes**	**oNo**	Wear contact lenses
b.	**oYes**	**oNo**	Wear glasses
c.	**oYes**	**oNo**	Color blind
d.	**oYes**	**oNo**	Any other eye or vision problem

12. **oYes** **oNo** **Have you ever had an injury to your ears, including a broken ear drum?**

13. Do you currently have any of the following hearing problems?

a.	**oYes**	**oNo**	Difficulty Hearing
b.	**oYes**	**oNo**	Wear a hearing aid
c.	**oYes**	**oNo**	Any other hearing or ear problem

14. **oYes** **oNo** **Have you ever had a back injury?**

15. Do you currently have any of the following musculoskeletal problems?

a.	**oYes**	**oNo**	Weakness in any of your arms, hands, legs, or feet
b.	**oYes**	**oNo**	Back Pain
c.	**oYes**	**oNo**	Difficulty fully moving your arms and legs
d.	**oYes**	**oNo**	Pain or stiffness when you lean forward or backward at the waist
e.	**oYes**	**oNo**	Difficulty fully moving your head up or down
f.	**oYes**	**oNo**	Difficulty fully moving your head side to side
g.	**oYes**	**oNo**	Difficulty bending at your knees
h.	**oYes**	**oNo**	Difficulty squatting to the ground
i.	**oYes**	**oNo**	Climbing a flight of stairs or a ladder carrying more than 25 lbs.
j.	**oYes**	**oNo**	Any other muscle or skeletal problem that interferes with using a respirator

Part 8

*Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review this questionnair.e

1. a**Yes** **oNo** **In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen.**

oYes **oNo** If ***"Yes",*** do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions

2. **oYes** **oNo** **At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals** (e.g. gases, fumes, or dust), or have you come into skin contact with hazardous chemicals

If *"Yes", name the chemicals if you know them:

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

- **a.** **oYes** **oNo** Asbestos
- **b.** **oYes** **oNo** Silica (e.g. in sandblasting)
- **c.** **oYes** **oNo** Tungsten / cobalt (e.g. grinding or welding this material)
- **d.** **oYes** **oNo** Beryllium
- **e.** **oYes** **oNo** Aluminum
- **f.** **oYes** **oNo** Coal (for example, mining)
- **g.** **oYes** **oNo** Iron
- **h.** **oYes** **oNo** Tin
- **i.** **oYes** **oNo** Dusty environments
- **j.** **oYes** **oNo** Any other hazardous exposures

***If "Yes"** Describe these exposures:

4. List any second jobs or side businesses you have:

5. List your previous occupations:

6. List you current and previous hobbies:

7. **oYes** **oNo** **Have you been in the military service?**

oYes **oNo** ***If *"Yes",*** were you exposed to biological or chemical agents (either in training or combat)

8. **oYes** **oNo** **Have you ever worked on a HAZMAT team?**

9. **oYes** **oNo** **Other** than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications). ***If *"Yes",*** name the medications if you know them :

10. Will you be using any of the following items with your respirator(s)?

- **a.** **oYes** **oNo** HEPA Filters
- b. oYes oNo Canisters (for example, gas masks)
- c. oYes oNo Cartridges

11. How often are you expected to use the respirator(s)? ***Check fill.that** apply to you.

a.	**oYes**	**oNo**	Escape only (no rescue)
b.	**oYes**	**oNo**	Emergency rescue only
c.	**oYes**	**oNo**	Less than 5 hours per week
d.	**oYes**	**oNo**	Less than 2 hours per day
e.	**oYes**	**oNo**	2 to 4 hours per day
f.	**oYes**	**oNo**	Over 4 hours per day

12. During the period you are using the respirator(s), is your work effort:

a. **oYes** **oNo** **Light** (less than 200 kcal per hour)
If *"Yes", how long does this period last during the **average shift:_ hrs_ mins.**

Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.

b. **oYes** **oNo** **Moderate** (200 to 350 kcal per hour)
If *"Yes", how long does this period last during the **average shift:_ hrs_ mins.**

Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load {about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load {about 100 lbs.) on a level surface.

C. **oYes** **oNo** **Heavy** (above 350 kcal per hour)
If *"Yes", how long does this period last during the **average shift:_ hrs_ mins.**

Examples of heavy work are lifting a heavy load {about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. **oYes** **oNo** **Will you be wearing protective clothing and/or equipment** (other than the respirator) when you're using the respirator. ***If *"Yes",*** describe the protective clothing and/or equipment:

14. **oYes** **oNo** **Will you be working under hot conditions** (temperature exceeding 77° F)

15. **oYes** **oNo** **Will you be working under** humid **conditions?**

16. Describe the work you'll be doing while you're using your respirator(s):

17. Describe any special or hazardous conditions you might encounter when using your respirator(s) (for example, confined spaces, life-threatening gases):

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the ***FIRST*** toxic substance:

Estimated maximum exposure level per shift

Duration of exposure per shift:

Name of the ***SECOND*** toxic substance:

Estimated maximum exposure level per shift:

Duration of exposure per shift:

Name of the ***THIRD*** toxic substance:

Estimated maximum exposure level per shift:

Duration of exposure per shift:

The name of ***OTHER*** toxic substances that you'll be exposed to while using your respirator:

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue and security):