

Respirator Medical Evaluation Questionnaire

Section 1 (OSHA Part A): The following information must be provided by every employee who has been selected to use any type of respirator. Please print.

1. Your name: _____ SS#: _____ - _____ - _____ Race: _____
2. Today's date: _____ 3. Your age (to nearest year): _____ DOB: _____ 4. Sex: Male Female
5. Your height: _____ ft. _____ in. 6. Your weight: _____ lbs. 7. Your job title: _____
8. A phone number where you can be reached by the health care professional who reviews this questionnaire
(include the Area Code): _____
9. The best time to phone you at this number: _____
10. Has your employer told you how to contact the health care professional who will review this questionnaire? Yes No
11. Check the type of respirator you will use (you can check more than one category):
 N, R, or P disposable respirator (filter-mask, non-cartridge type only).
 Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
12. Have you worn a respirator before? Yes No If "yes," what type(s)? (not brand name) _____

Section 2 (OSHA Part A): Questions 1 - 9 below must be answered by **every employee** who has been selected to use **any type** of respirator. Please check "yes" or "no".

1. yes no Do you **currently** smoke tobacco, or have you smoked tobacco in the last month?
2. Have you **ever had** any of the following conditions?
- a. yes no Seizures (fits)
 - b. yes no Diabetes (sugar disease)
 - c. yes no Allergic reactions that interfere with your breathing
 - d. yes no Claustrophobia (fear of closed-in places)
 - e. yes no Trouble smelling odors
3. Have you **ever had** any of the following pulmonary or lung problems?
- a. yes no Asbestosis
 - b. yes no Asthma
 - c. yes no Chronic bronchitis
 - d. yes no Emphysema
 - e. yes no Pneumonia
 - f. yes no Tuberculosis
 - g. yes no Silicosis
 - h. yes no Pneumothorax (collapsed lung)
 - i. yes no Lung cancer
 - j. yes no Broken ribs
 - k. yes no Any chest injuries or surgeries
 - l. yes no 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. yes no Shortness of breath
 - b. yes no Shortness of breath when walking fast on level ground or walking up a slight hill or incline
 - c. yes no Shortness of breath when walking with other people at an ordinary pace on level ground
 - d. yes no Have to stop for breath when walking at your own pace on level ground
 - e. yes no Shortness of breath when washing or dressing yourself
 - f. yes no Shortness of breath that interferes with your job
 - g. yes no Coughing that produces phlegm (thick sputum)
 - h. yes no Coughing that wakes you early in the morning
 - i. yes no Coughing that occurs mostly when you are lying down
 - j. yes no Coughing up blood in the last month
 - k. yes no Wheezing
 - l. yes no Wheezing that interferes with your job
 - m. yes no Chest pain when you breathe deeply
 - n. yes no 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. yes no Heart attack
 - b. yes no Stroke
 - c. yes no Angina
 - d. yes no Heart failure
 - e. yes no Swelling in your legs or feet (not caused by walking)
 - f. yes no Heart arrhythmia (heart beating irregularly)
 - g. yes no High blood pressure
 - h. yes no Any other heart problem that you've been told about
6. Have you **ever had** any of the following cardiovascular or heart symptoms?
- a. yes no Frequent pain or tightness in your chest
 - b. yes no Pain or tightness in your chest during physical activity

- c. yes no Pain or tightness in your chest that interferes with your job
- d. yes no In the past two years, have you noticed your heart skipping or missing a beat
- e. yes no Heartburn or indigestion that is not related to eating
- f. yes no 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. yes no Breathing or lung problems
- b. yes no Heart trouble
- c. yes no Blood pressure
- d. yes no 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, check here and go to question 9)

- a. yes no Eye irritation
- b. yes no Skin allergies or rashes
- c. yes no Anxiety
- d. yes no General weakness or fatigue
- e. yes no Any other problem that interferes with your use of a respirator

Note: If you answered YES to any of questions 1 – 8 in Section 2, you must also complete Section 3.

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire? yes no

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 voluntary.

10. yes no **Have you ever lost** vision in either eye (temporarily or permanently)

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

- a. yes no Wear contact lenses:
- b. yes no Wear glasses:
- c. yes no Color blind:
- d. yes no Any other eye or vision problem

12. yes no **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. yes no Difficulty hearing:
- b. yes no Wear a hearing aid:
- c. yes no Any other hearing or ear problem:

14. yes no **Have you ever had** a back injury?

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

- a. yes no Weakness in any of your arms, hands, legs, or feet:
- b. yes no Back pain:
- c. yes no Difficulty fully moving your arms and legs:
- d. yes no Pain or stiffness when you lean forward or backward at the waist:
- e. yes no Difficulty fully moving your head up or down:
- f. yes no Difficulty fully moving your head side to side:
- g. yes no Difficulty bending at your knees:
- h. yes no Difficulty squatting to the ground:
- i. yes no Climbing a flight of stairs or a ladder carrying more than 25 lbs:
- j. yes no Any other muscle or skeletal problem that interferes with using a respirator:

Section 3 (OSHA Part B): Complete this section if you answered YES to any part of questions 1 - 8 in section 2. Consult your supervisor if necessary before answering the following questions:

1. **How often** are you expected to use the respirator(s)?

- a. Escape only (no rescue): Yes No
- b. Emergency rescue only: Yes No
- c. Less than 5 hours per week: Yes No
- d. Less than 2 hours per day: Yes No
- e. 2 to 4 hours per day: Yes No
- f. Over 4 hours per day: Yes No

2. **During the period you are using the respirator**, is your work effort:

- a. Light (less than 200 kcal per hour): Yes No
- 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. Moderate (200 to 350 kcal per hour): Yes No
- 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. Heavy (above 350 kcal per hour): Yes No
- 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.).

3. **Will you be wearing** protective clothing and/or equipment (other than the respirator) when you're using your respirator? Yes No
(If "yes," describe this protective clothing and/or equipment) _____

4. **Will you be working** under temperature extremes during respirator use (check all that apply) <0°F 0 to 32 °F 77 to 90 °F > 90 °F

5. **Will you be working** under dry (< 30% relative humidity) or humid (> 70% RH) conditions? Yes No

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

Employee Signature: _____