



NAME: _____ DATE: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____ AGE: _____

HEIGHT: _____ ft _____ in. WEIGHT: _____ LBS. SEX: (CIRCLE ONE) MALE FEMALE

COMPANY: _____ JOB TITLE: _____

To the employee: Can you read (circle one): YES NO

Completion of this form is mandatory according to OSHA 1910.134 for any employee/ potential employee, who will be required to wear a respirator as part of his/her job. This questionnaire is part of the medical evaluation, which must be completed prior to fit testing and initial use of a respirator. It is very important that all questions are answered truthfully and completely. Answer each question requiring a yes or no answer by marking an X on the appropriate line. 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 this to the health care professional who will review it.

PART A - SECTION 1

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

A phone number where you can be reached by the health care professional who will review this questionnaire

_____-_____-_____. The best time to phone you at this number _____.

YES NO

_____ Has your employer/potential employer told you how to reach the health care professional who will review this form?

Check the type of respirator you will use (you can check more than one category):

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

b. _____ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self- contained breathing apparatus)

_____ Have you ever worn a respirator? If Yes, what type(s)? _____

PART A- SECTION 2

The following questions must be answered by any employee/potential employee who will be using any type of respirator.

YES NO

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

If YES, explain _____

YES NO 2. Have you ever had any of the following condition?

_____ Seizures (fits)

_____ Diabetes (sugar disease)

_____ Allergic reactions that interfere with your breathing

_____ Claustrophobia (fear of closed-in-spaces)

_____ Trouble smelling odors

If YES, explain _____

YES NO 3. Have you ever had any of the following pulmonary or lung problems?

_____ Asbestosis

_____ Asthma

_____ Chronic bronchitis

- Emphysema
- Pneumonia
- Tuberculosis
- Silicosis
- Pneumothorax (collapsed lung)
- Lung Cancer
- Broken ribs
- Any chest injuries or surgeries
- Any other lung problems that you've been told about

If YES, explain _____

YES **NO** 4. Do you *currently* have any of the following symptoms of pulmonary or lung illness?

- Shortness of breath
- Shortness of breath when walking fast on level ground or walking up a slight hill or incline
- Shortness of breath when walking with other people at an ordinary pace on level ground
- Have to stop for breath when walking at your own pace on level ground
- Shortness of breath when washing or dressing yourself
- Shortness of breath that interferes with your job
- Coughing that produces phlegm (thick sputum)
- Coughing that wakes you early in the morning
- Coughing that occurs mostly when you are lying down
- Coughing up blood in the last month
- Wheezing
- Wheezing that interferes with your job
- Chest pain when you breathe deeply
- Any other symptoms that you think may be related to lung problems

If YES, explain _____

YES **NO** 5. Have you *ever had* any of the following cardiovascular or heart problems?

- Heart attack
- Stroke
- Angina (chest pain related to the heart)
- Heart failure
- Swelling in your legs or feet (not caused by walking)
- Heart arrhythmia (heart beating irregularly)
- High blood pressure
- Any other heart problem that you've been told about

If YES, Explain _____

YES **NO** 6. Have you *ever had* any of the following cardiovascular or heart symptoms?

- Frequent pain or tightness in your chest
- Pain or tightness in your chest during physical activity
- Pain or tightness in your chest that interferes with your job
- In the past two years, have you noticed your heart skipping or missing a beat

____ Heartburn or indigestion that is not related to eating
____ Any other symptoms that you think may be related to heart or circulation problems
If YES, explain _____

YES **NO** 7. Do you **currently** take medication for any of the following problems?
____ Breathing or lung problems
____ Heart trouble
____ Blood pressure
____ Seizures (fits)
If YES, explain _____

YES **NO** 8. If you have used a respirator, have you ever had any of the following problems?
_____ (If you have never used a respirator mark this place with an X and proceed to question 9)
____ Eye irritation
____ Skin allergies or rashes
____ Anxiety
____ General weakness or fatigue
____ Any other problems that interferes with your use of a respirator
If YES, explain _____

YES **NO** 9. Would you like to talk to the health care professional who will review your answers to this questionnaire?

Questions 10 to 15 must be answered by every employee/potential employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). If you are uncertain as to the type of respirator that you will be using, complete this section

YES **NO** 10. Have you **ever** lost vision in either eye (temporarily or permanently)?

If YES, explain _____

YES **NO** 11. Do you **currently** have any of the following vision problems?
____ Wear contact lenses
____ Wear glasses
____ Color blind
____ Any other eye or vision problem
If YES, explain _____

YES **NO** 12. Have you **ever** had an injury to your ears including a broken ear drum?

If YES, explain _____

YES **NO** 13. *Do you **currently** have any of the following hearing problems?*

- ____ Difficulty hearing
- ____ Wear a hearing aid
- ____ Any other hearing or ear problem

If YES, explain _____

YES **NO** 14. *Have you **ever** had a back injury?*

____ If YES, explain _____

YES **NO** 15. *Do you **currently** have any of the following musculoskeletal problems?*

- ____ Back pain
- ____ Difficulty fully moving your arms and legs
- ____ Pain or stiffness when you lean forward or back ward at the waist
- ____ Difficulty fully moving your head up or down
- ____ Difficulty moving your head side to side
- ____ Difficulty bending at your knees
- ____ Difficulty squatting to the ground
- ____ Climbing a flight of stairs or a ladder carrying more than 25 pounds
- ____ Any other muscle or skeletal problem that interferes with using a respirator

If YES, explain _____

PART B

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 the questionnaire. Answer each question by marking an X on the appropriate line.

YES **NO**

____ 1. 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?

____ If your answer was yes to the previous question, do you have feeling of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions?

____ 2. 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:

YES **NO** 3. *Have you ever worked with any of the materials, or under any of the conditions listed below?*

- Asbestos
- Silica (e.g. in sandblasting)
- Tungsten/cobalt (e.g.grinding or welding this material)
- Beryllium
- aluminum
- Coal (e.g. mining)
- Iron
- Tin
- Dusty environments
- Any other hazardous exposures

If yes, describe _____

4. List any second jobs or side business that you may have. _____

5. List your previous occupations: _____

6. List your current and previous hobbies: _____

YES NO 7. Have you ever been in the military services?

If yes to the previous question, were you exposed to biological or chemical agents (either in training or combat?)

If yes, explain _____

YES NO 8. Have you ever worked on a HAZMAT team?

9. 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 other reason (including over-the-counter medications)?

If "yes" name the medications _____

YES NO 10. Will you be using any of the following items with your respirator(s)?

- HEPA filters
- Canisters (for example, gas masks)
- Cartridges

YES NO 11. How often are you expected to use the respirator(s)?

Escape only (no rescue)

- ___ ___ Emergency rescue only
- ___ ___ Less than 5 hours per week
- ___ ___ Less than 2 hours per day
- ___ ___ 2 to 4 hours per day
- ___ ___ Over 4 hours per day

YES NO

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

LIGHT(less than 200kcal per hour)(examples of light work effort are sitting while writing, drafting, or performing light assembly work, or standing while operating a drill press 1-2 lbs., or controlling machines)

If yes, how long does this period last during the average shift? _____ hrs _____ min

MODERATE(200-350 kcal per hour)

[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(35 lbs.) at trunk level, walking on a level surface about 2mph, or pushing a wheelbarrow with a heavy load (100 lbs.) on a level surface]

If yes, how long does this period last during the average shift? _____ hrs _____ min

HEAVY(above 350 kcal per hour)

[Examples of heavy work are lifting a heavy load (50lbs) from floor to your waist or shoulder, working on a loading dock, shoveling, climbing stairs with a heavy load]

If yes, how long does this period last during the average shift? _____ hrs _____ min

YES NO

13. *Will you be wearing protective clothing and/or equipment when you are using your respirator?*

14. *Will you be working under hot conditions (exceeding 77 degrees F)?*

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

16. *Describe the work you will be doing while using your respirator:* _____

17. *Describe any special or hazardous conditions you might encounter while you are using your respirator:* [Example confined spaces or life threatening gases]

18. *Provide the following information, if you know it, for each toxic substance that you will be exposed to when you are 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: _____



RESPIRATORY PROTECTION EVALUATION

Name: _____ Date: _____

SOCIAL SECURITY NUMBER: _____

The above named individual has completed the medical evaluation required by OSHA in the respiratory standard 1910.134. The evaluation consisted of the following checked items:

- _____ OSHA questionnaire (1910.134)
- _____ Medical examination
- _____ Pulmonary function testing
- _____ Chest x-ray
- _____ Electrocardiogram
- _____ Other _____

Based on the above evaluation:

_____ I find this individual medically qualified to use a respirator.

_____ I find this individual medically qualified to wear a respirator with the following limitation:

_____ I DO NOT find this individual medically qualified to wear a respirator

_____ I recommend follow-up medical evaluations on a yearly basis.

Licensed Healthcare Provider

Date

I have been informed of the findings of my medical evaluation and authorized the release of the findings to the company.

Employee Signature

Date