

**OSHA Respirator Medical Evaluation Questionnaire**

Answers to questions in Section 1, and question 9 in Section 2 of Part A, do not require a medical exam.

**Employer:** \_\_\_\_\_

Can you read (circle 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)** The following information must be provided by every employee who has been selected to use any type of respirator (please print).

<b>1.</b>	<b>Today's date:</b>		
<b>2.</b>	<b>Your name:</b>		
<b>3.</b>	<b>Your age</b>	(to nearest year)	<b>Date of Birth:</b>
<b>4.</b>	<b>Sex</b> Male Female (circle one):		
<b>5.</b>	<b>Your height:</b> ... .. ft. ... .. in.		
<b>6.</b>	<b>Your weight</b> lbs.		
<b>7.</b>	<b>Your job title:</b>		
<b>8.</b>	A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code):		
<b>9.</b>	The best time to phone you at this number:		
	<b>Yes</b>	<b>No</b>	
<b>10.</b>			Has your employer told you how to contact the health care professional who will review this questionnaire?
<b>11.</b>	<b>Check the type of respirator you will use (you can check more than one category):</b>		
			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)
<b>12.</b>			<b>Have you worn a respirator?</b>
	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 "yes" or "no").

	<b>Yes</b>	<b>No</b>	
<b>1</b>			<b>Do you currently smoke tobacco, or have you smoked tobacco in the last month?</b>
<b>2</b>	<b>Have you ever had any of the following conditions?</b>		
			Seizures (fits)
			Diabetes (sugar disease)
			Allergic reactions that interfere with your breathing
			Claustrophobia (fear of closed-in places)
			Trouble smelling odors
<b>3</b>	<b>Have you ever had any of the following pulmonary or lung problems?</b>		
			Asbestosis
			Asthma
			Chronic bronchitis
			Emphysema
			Pneumonia
			Tuberculosis
			Silicosis
			Pneumothorax (collapsed lung)
			Lung cancer
			Broken ribs
			Any chest injuries or surgeries
			Any other lung problem that you've been told about

Yes	No
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<b>4 Do you currently have any of the following symptoms of pulmonary or lung illness?</b>		
		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
<b>5 Have you ever had any of the following cardiovascular or heart problems?</b>		
		Heart attack
		Stroke
		Angina
		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
<b>6 Have you ever had any of the following cardiovascular or heart symptoms?</b>		
		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
<b>7 Do you currently take medication for any of the following problems?</b>		
		Breathing or lung problems
		Heart trouble
		Blood pressure
		Seizures (fits)
<b>8 If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check no and go to question 9)</b>		
		Eye irritation
		Skin allergies or rashes
		Anxiety
		General weakness or fatigue
		Any other problem that interferes with your use of a respirator
<b>9 Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?</b>		

**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.

	Yes	No	
<b>10</b>			<b>Have you ever lost vision in either eye (temporarily or permanently)?</b>
<b>11</b>			<b>Do you currently have any of the following vision problems?</b>
			Wear contact lenses
			Wear glasses
			Color blind
			Any other eye or vision problem
<b>12</b>			<b>Have you ever had an injury to your ears, including a broken ear drum?</b>
<b>13</b>			<b>Do you currently have any of the following hearing problems?</b>
			Difficulty hearing
			Wear a hearing aid
			Any other hearing or ear problem
<b>14</b>			<b>Have you ever had a back injury?</b>
<b>15</b>			<b>Do you currently have any of the following musculoskeletal problems?</b>
			Weakness in any of your arms, hands, legs, or feet
			Back pain
			Difficulty fully moving your arms and legs
			Pain or stiffness when you lean forward or backward at the waist
			Difficulty fully moving your head up or down
			Difficulty fully 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 lbs
			Any other muscle or skeletal problem that interferes with using a respirator

**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.

	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 "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			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			<b>Have you ever worked with any of the materials, or under any of the conditions, listed below?</b>
			Asbestos
			Silica (e.g., in sandblasting)
			Tungsten/cobalt (e.g., grinding or welding this material)
			Beryllium
			Aluminum
			Coal (for example, mining)
			Iron
			Tin
			Dusty environments
			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 your current and previous hobbies

	Yes	No	
7			Have you been in the military services?
			If "yes," were you exposed to biological or chemical agents (either in training or combat)?
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 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)?		
			HEPA Filters
			Canisters (for example, gas masks)
			Cartridges
11	How often are you expected to use the respirator(s) (circle "yes" or "no" for all first two questions and/or fill in answers to last two in this section)		
			Escape only (no rescue)
			Emergency rescue only
			hours per week
			hours per day
12	During the period you are using the respirator(s), is your work effort		
			<b>Light.</b> 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.</b> 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.
			<b>Heavy.</b> 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			Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator?
If "yes," describe this protective clothing and/or equipment			
14			Will you be working under hot conditions (temperature exceeding 77° F)?
15			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 you're using your respirator(s) (for example, confined spaces, life-threatening gases):		
18	Name the toxic substances you will be exposed to:		
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, security):		