OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

Date: _____

Age: _____ **Sex:** _____

Name: _____ **DOB:** _____ **Job Title:** _____

Employer Name: _____ **Department:** _____

TO THE EMPLOYER
Answer to questions in Section 1, and to question 9 in section 2 of part A, do not require a medical examination. However, it does require that a Physician or Licensed Health Care Professional (PLHCP) review this questionnaire and answer any questions you may have concerning the questionnaire.

TO THE EMPLOYEE
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.

TO THE PHYSICIAN OF OTHER LICENSED HEALTH CARE PROFESSIONAL (PLHCP)
Review in Part A Sections 1 and 2. When an employee answers YES to any of the questions in Section 2 and the questionnaire is not administered in conjunction with a physical examination, the employee needs to be considered for a follow up physical examination with particular emphasis on those areas in which the employee answered YES. When an employee answers YES to any of the questions in Section 2 and this questionnaire is completed in conjunction with a physical examination, the physician will place a particular emphasis upon those areas to which the employee answered YES. In either situation the PLHCP will complete the "PLHCP's Written Statement" to both the employee and the employer **within 2 days**.

PART A SECTION 1 (MANDATORY)
The following information must be provided by every employee who has been selection to use any type of respirator (please print)

1. Your height: _____ ft. _____ in.
2. Your weight: _____ lbs
3. Your job title: _____
4. A phone number where you can be reached by the health care professional who will review this questionnaire (include area code): _____
5. The best time to phone you at this number is: _____ AM _____ PM
6. Has your employer told you how to contact the health care professional who will review this questionnaire? (circle one) Yes No
7. 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)
8. Have you worn a respirator (circle one): Yes No
   If "Yes", what type(s): _____

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PART 2 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 circle "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?**

Yes No a. Seizures (fits)
Yes No b. Diabetes (sugar disease)
Yes No c. Allergic reactions that interfere with your breathing
Yes No d. Claustrophobia (fear of closed-in spaces)
Yes No e. Trouble smelling odors

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

Yes No a. Asbestosis
Yes No b. Asthma
Yes No c. Chronic Bronchitis
Yes No d. Emphysema
Yes No e. Pneumonia
Yes No f. Tuberculosis
Yes No g. Silicosis
Yes No h. Pheumothorax (collapsed lung)
Yes No i. Lung Cancer
Yes No j. Broken ribs
Yes No k. Any chest injuries or surgeries
Yes No l. Any other lung problem that you've been told about

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

Yes No a. Shortness of breath
Yes No b. Shortness of breath when walking on level ground or walking up a slight hill or incline
Yes No c. Shortness of breath when walking with other people at an ordinary pace on level ground
Yes No d. Have to stop for breath when walking
Yes No e. Shortness of breath hen washing or dressing yourself
Yes No f. Shortness of breath that interferes with your job
Yes No g. Coughing that produces phlegm (thick sputum)
Yes No h. Coughing that wakes you early in the morning
Yes No i. Coughing that mostly occurs when you are lying down
Yes No j. Coughing up blood in the last month
Yes No k. Wheezing
Yes No l. Wheezing that interferes with your job
Yes No m. Chest Pain when you breathe deeply
Yes No n. Any other symptoms that you think may be related to lung problems.

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

Yes	No	a. Heart attack
Yes	No	b. Stroke
Yes	No	c. Angina
Yes	No	d. Heart Failure
Yes	No	e. Swelling in your legs or feet (not caused by walking)
Yes	No	f. Heart Arrhythmia
Yes	No	g. High blood pressure
Yes	No	h. Any other heart problems that you've been told about

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

Yes	No	a. Frequent Pain or tightness in your chest
Yes	No	b. Pain or tightness in your chest during physical activity
Yes	No	c. Pain or tightness in your chest that interferes with your job
Yes	No	d. In the past two years, have you noticed your heart skipping or missing a beat
Yes	No	e. Heartburn or indigestion that is not related to eating
Yes	No	f. Any other symptoms that you think might be related to heart or circulation problems

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

Yes	No	a. Breathing or lung problems
Yes	No	b. Heart trouble
Yes	No	c. Blood pressure
Yes	No	d. 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 the following space ____ and go to question 9)**

Yes	No	a. Eye irritation
Yes	No	b. Skin allergies or rashes
Yes	No	c. Anxiety
Yes	No	d. General weakness or fatigue
Yes	No	e. Any other problem that interfere with your use of respirator

9. Yes No **Would you like to talk to the health care professional who will review this questionnaire about your answers to this question?**

Question 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece or respirator or 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?**

Yes	No	a. Wear contact lenses
Yes	No	b. Wear glasses
Yes	No	c. Color blindness
Yes	No	d. Any other eye or vision problems

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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?**

Yes No a. Difficulty hearing
Yes No b. Wear a hearing aide
Yes No c. Any other hearing or ear problems

14. Yes No **Have you ever had a back injury?**

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

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

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PART B of this question OSHA Questionnaire is discretionary. The Health care professional who will be reviewing this questionnaire will determine if this part needs to be completed by the employee.

PART B (DISCRETIONARY)

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.

1. Yes No **In your present job, are you working at high altitudes (over 5,000 ft) or in a place that has lower than normal amounts of oxygen?**

Yes No If "Yes", do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you are working under these conditions?

2. Yes No **At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (for example: gases, fumes, or solvents)?**

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

_____

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

Yes	No	Asbestos
Yes	No	Silica (for example: Sandblasting)
Yes	No	Tungsten/Cobalt (for example: grinding or welding this material)
Yes	No	Beryllium
Yes	No	Aluminum
Yes	No	Coal (for example: mining)
Yes	No	Iron
Yes	No	Tin
Yes	No	Dusty Environments
Yes	No	Any other hazardous exposures

If "Yes" describe these exposures: _____

_____

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

_____

5. List your previous occupations: _____

_____

6. List your current and previous hobbies: _____

_____

7. Yes No **Have you been in the military services?**

Yes No **If "Yes" were you exposed to biological or chemical agents (either in training or combat)**

8. Yes No **Have you ever worked on a HAZMAT team?**

9. Yes No **Other than medication 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:

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10. **Will you be using any of the following items with your respirator:**

Yes No a. HEPA Filters
Yes No b. Canisters (for example: gas masks)
Yes No c. Cartridges

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

Yes No 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

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

Yes No a. Light (less than 200kcal per hour)
Examples of light work are sitting while writing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs) or controlling machines.

If "Yes" how long does this period last during the average shift:____ hrs. ____ mins.

Yes No b. Moderate (200 to 350 kcal per hour)
Examples of moderate work effort are sitting while nailing or filing; driving a truck or transferring a moderate load (about 35 lbs) a trunk level; walking on a level surface about 2 mp or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (About 100 lbs) on a level surface.

If "Yes" how long does this period last during the average shift: ____ hrs. ____ mins.

Yes No c. Heavy (above 350 kcal per hour)
Examples of heavy work are lifting heavy loads (about 50 lbs) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while brick laying or chipping casting; walking up an 8 degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs)

If "Yes" how long does this period last during the average shift ____ hrs. ____ mins.

13. Yes No **Will you be wearing protective clothing and/or equipment (other than the respirator) when you're suing your respirator.**

If "Yes" describe this protective clothing and/or equipment

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14. Yes No **Will you be working under hot conditions (temperature exceeding 77 deg. F)**

15. Yes No **Will you be working under humid conditions?**

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

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

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

Name the first toxic substance: _____

Estimated maximum exposure per shift: _____

Duration of exposure per shift: _____

Name of second toxic substance: _____

Estimated maximum exposure per shift: _____

Duration of exposure per shift: _____

Name of third toxic substance: _____

Estimated maximum exposure per shift: _____

Duration of exposure per shift: _____

Name of any other toxic substances that you'll be exposed

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)

_____

_____

Appendix D to Section 1910.134 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirators use is encouraged, when when exposures are below the exposure limit, to provide additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not represent a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the US Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator packaging. It will tell you what the respirator is designated for and how much it will protect you.
3. Do you wear your respirator into atmospheres containing contaminants for which your respirator is not designated to protect against. For example, a respirator designated to filter dist particles will not protect you against gases, fumes, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.


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