

Medical Questionnaire for Respirator Users

Instructions

Please fill out this questionnaire related to your former, current, or anticipated use of a respirator. When completed, please submit form in a sealed envelope to the Occupational Health Department – Blanton Hall (Room 1201) If sent via interdepartmental mail, the sealed envelope should be placed inside the interdepartmental envelope.

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).

	1.	Today'	's date:/	
2. ne			name:):	3. Your age (to the
	4.	Sex (c	circle one): □Male □Female	
	5.	Your l	height: ft in.	
	6.	Your	weight: lbs.	
7.		A pho	job title:one number where you can be reached by the health care professionnaire: ()	onal who reviews this
	9.	The b	est time to phone you at this number:	
	10	. Check	k the type of respirator you will use (you can check more than one	category):
		a.	\square N, R, or P disposable respirator (filter-mask, non-cartridge type	only)
		b.	□Other type (e.g., half- or full-facepiece type, powered-air purify selfcontained breathing apparatus).	ring, supplied-air,

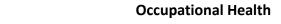


11.1	Have you worn a respirator (circle one): Yes/No			
Dout A	a. If yes, what type:			
Questio	a , Section 2 (Mandatory) ns 1 through 9 below must be answered by every employee who has body or (please check "yes" or "no").	een sele	ected to use	any type of
·			Yes	No
1.	Do you currently smoke tobacco, or have you smoked tobacco			
	in the last month?	[
2.	Have you ever had any of the following conditions?			
	a. Seizures			
	b. Diabetes (sugar disease)			
	c. Allergic reactions that interfere with your breathing			
	d. Claustrophobia (fear of closed-in places)			
	e. Trouble smelling odors			
3.	Have you ever had any of the following pulmonary or lung proble	ms?		
	a. Asbestosis			
	b. Asthma			
	c. Chronic bronchitis			
	d. Pneumonia			
	e. Silicosis			
	f. Pneumothorax (collapsed lung)			
	g. Lung cancer			
	h. Broken ribs			
	i. Any chest injuries or surgeries			
	j. Any other lung problem that you've been told about			
4.	Do you <i>currently</i> have any of the following symptoms of pulmona or lung illness?	ry		
	a. Shortness of breath			
	b. Shortness of breath when walking fast on level ground or walking	ng up		
	a slight hill or incline	. [
	c. Shortness of breath when walking with other people at an ordin	nary		
	pace on level ground	[





	d. Have to stop for breath when walking at your own pa	ce on			
	level ground \square \square e. Shortness of breath whe	en washing	or dres	sing yourself	
	f. Shortness of breath that interferes with your job				
	g. Coughing that produces phlegm (thick sputum)				
	h. Coughing that wakes you early in the morning				
	i. Coughing that occurs mostly when you are lying down	า			
				Yes	No
	j. Coughing up blood in the last month				
	k. Wheezing				
	I. Wheezing that interferes with your job				
	m. Chest pain when you breathe deeply				
	n. Any other symptoms that you think may be related to	lung probl	lems 🗆		
5.	Have you <i>ever had</i> any of the following cardiovascular o	r heart pro	blems?	,	
	a. Heart attack				
	b. Stroke				
	c. Angina				
	d. Heart failure				
	e. Swelling in legs or feet (not caused by walking)				
	f. Heart arrhythmia (heart beating irregularly)				
	g. High blood pressure				
	h. Any other heart problem that you've been told about				
6.	Have you <i>ever had</i> any of the following cardiovascular o	r heart syn	nptoms	i?	
	a. Frequent pain or tightness in your chest				
	b. Pain or tightness in your chest during physical activity	•			
	c. Pain or tightness in your chest that interferes with yo	ur job			
	d. In the past two years, have you noticed your heart ski	ipping or			
	missing a beat? \square \square e. Heartburn or indigesti	on that is n	ot rela	ted to eating	
	f. Any other symptoms you that you think may be related	l to			
	heart or circulation problems		[
7.	Do you currently take medication for any of the following	ng problem	s?		
	a. Breathing or lung problems				





	b. Heart troublec. Blood pressured. Seizures	
8.	If you've used a respirator, have you ever had any of the following proble	ms?
	(If you've never used a respirator, check the following space and go to ques	stion 9):
	a. Eye irritation	·
	b. Skin allergies or rashes	
	c. Anxiety	
	d. General weakness or fatigue	
	e. Any other problem that interferes with your use of a respirator \Box	
		Yes No
9.	Would you like to talk to the health care professional who will review this	questionnaire about
	your answers to this questionnaire?	
Question	s 10 to 15 below must be answered by every employee who has been selecte	d to use either a
	ece respirator or a self-contained breathing apparatus (SCBA). For employees	
-	to use other types of respirators, answering these questions is voluntary.	
		Yes No
10.	Have you \emph{ever} lost vision in either eye (temporarily or permanently)? \Box	
11.	Do you <i>currently</i> have any of the following vision problems?	
	a. Wear contact lenses	
	b. Wear glasses	
	c. Color blind	
	d. Any other eye or vision problem	
12.	Have you <i>ever had</i> an injury to your ears, including a broken eardrum? □ <i>currently</i> have any of the following hearing problems?	☐ 13. Do yo u
	a. Difficulty hearing	
	b. Wear a hearing aid	
	c. Any other hearing or ear problem \Box	
14.	Have you <i>ever</i> had a back injury?	П





15.	Do y	ou currently have any of the following musculoskeletal prob	olem	ıs?			
	a. \	Weakness in any of your arms, hands, legs, or feet $\ \Box$]				
	b. I	Back pain					
	c. I	Difficulty fully moving your arms and legs					
	d. I	Pain and stiffness when you leave forward or backward at the	wai	st 🗆			
	e. I	Difficulty moving your head up or down					
	f. I	Difficulty moving your head side to side					
	g. I	Difficulty bending at your knees					
	h. I	Difficulty squatting to the ground					
	i. I	Difficulty climbing a flight of stairs or a ladder carrying more t	han 2	25 lbs.			
	j. <i>i</i>	Any other muscle or skeletal problem that interferes					
Part B	, Sec	ction 1 (To be completed at your					
appoin	tme	nt)					
•		owing questions, and other questions not listed, may be addeduced be health care professional who will review the questionnaire.		the qu	estior	nnaire at	the
th.	an no	present job, are you working at high altitudes (over 5,000 feermal amounts of oxygen? No o you have feelings of dizziness, shortness of breath, pounding			-		
	Yes [
		or at home, have you ever been exposed to hazardous solvents (for example: gasses, fumes, or solvents)?	ents	or ha	zardo	us airbo	rne
	Yes [
If ·	yes, n	ame the chemicals if you know them:					
a.	Asb	estos a (for example: sandblasting)	con	dition	s, liste Yes		/: No





	c. Tungsten/cobalt (for example: grinding or welding this material) \Box
	d. Beryllium
	e. Aluminum
	f. Coal (for example: mining) $\ \square$
	g. Iron
	h. Tin
	i. Dusty environments
	j. Any other hazardous exposures $\ \square$
	If yes to any of the above, 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:
7.	Have you been in the military services? ☐ Yes ☐ No
	If yes, were you exposed to biological or chemical agents (either in training or combat)? $\hfill\Box$ Yes $\hfill\Box$ No
8.	Have you ever worked on a HAZMAT team? ☐ Yes ☐ No



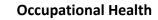


9.	Other than medications for breathing and lung problems, heart trouble, b mentioned earlier in this questionnaire, are you taking any other medications (including over the counter medications) \[\sum \text{Yes} \sum \text{No} \]		
	If yes, name the medications if you know them:		
10). Will you be using any of the following items with your respirator:	Yes	No
	a. HEPA filters		
	b. Canisters (for example: gas masks)		
	c. Cartridges	Ш	
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		
	\square 2 to 4 hours per day		
	□ over 4 hours per day		
12	During the period you are using the respirator(s), is your work effort:		
	a. Light (less than 200 kcal per hour)		
	Examples of light work are sitting while writing, drafting, or performing standing while operating a drill press (1-3 lbs) or controlling machines Yes No	light assembly v	vork, or
	If yes, how long does this period last during the average shift: hrs _	mins	
	b. Moderate (200 to 350 kcal per hour)		
	Examples of moderate work are sitting while nailing or filing, driving a treatment of standing while drilling, nailing, performing assembly work, or transferring 35 lbs) at trunk level, walking on a level surface about 2 mph or down at mph, or pushing a wheelbarrow with a heavy load (about 100 lbs) on a lacely Yes Yes No	ng a moderate l t 5 – degree gra	oad (about
	If yes, how long does this period last during the average shift: hrs	mins	





	c. Heavy (above 350 kcal per hour)	
	Examples of heavy work are lifting a heavy load (about 50 lbs) from the floor to you	ur waist or
	shoulder, working on a loading dock, shoveling, standing while bricklaying or chipp	ing
	castings, walking up an 8-degree grade about 2 mph, climbing stairs with a heavy lo	oad (about
	50 lbs) □ Yes □ No	
	If yes, how long does this period last during the average shift: hrs mins	
13.	. Will you be wearing protective clothing and/or equipment (other than the respirator using your respirator? ☐ Yes ☐ No) when you're
	If yes, describe this protective clothing and/or equipment:	
14.	. Will you be working under hot conditions (temperature exceeding 77 deg. F)? \Box Yes	s □ No
15.	. Will you be working under humid conditions?	
	☐ Yes ☐ No	
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 respirator(s) (for example, confined spaces, life-threatening gases):	g your
18.	. Provide the following information, if you know it, for each toxic substance that you'l	l be exposed to
	when you're using your respirator(s):	
	Name of 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 to while using your respirator(s).	





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):				
I, of my knowledge.	, certify that the above information is accurate and complete to the best			
Signature				