OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

Can you read? ☐Y ☐N

Your employer must allow you to answer this questionnaire during normal working hours or at a time and place that is convenient to you. Your employer or supervisor must not look at or review your answers. Your employer must tell you how to deliver or send this questionnaire to the County's occupational health services provider who will review it.

Please contact your safety officer if you need help completing this questionnaire.

Has your employer told you how to contact the provider who will review this questionnaire? ☐Y ☐N

Would you like to talk to the provider who will review this questionnaire about your responses? ☐Y ☐N

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. Name: ______________________ 2. DOB: __________ 3. Age: ______

4. Gender: ☐F ☐M 5. Height: ______ft. ______in. 6. Weight: ________lbs.

7. Address: __________________________ 8. Last 4 Digits of SSN: ______

9. City: ______________________ 10. State: ______ 11. ZIP: ________

12. Phone(s): ________________ 13. Email: ______________________

14. Best time to reach you by phone: ☐M ☐T ☐W ☐Th ☐F ☐Morn ☐After ☐Eve

15. May we leave a voicemail message at the phone number(s) you listed? ☐Y ☐N

16. Job Title: __________________________ 17. Job Code: __________

18. Agency: ________________ 19. Unit: __________ 20. Shop: ________

21. Supervisor's Name: ____________________ 22. Phone: ______________

23. Level of Confined Space Required: ☐1 ☐2 ☐3

24. Date of Last Respirator Medical Evaluation: ____________

25. Date of New Respirator Medical Evaluation: ____________

26. Date of Respirator Fit Testing: __________

Today's Date: ____________ Name: ______________________

27. Check the type of respirator you will use. (You can check more than one type.)

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

b. ☐Other type (ex. half- or full-facepiece, powered-air purifying, supplied-air, and self-contained breathing apparatus [SCBA])

28. Have you ever used a respirator? ☐Y ☐N

If "yes," what type(s) and when? ____________________

Part A, Section 2 (Mandatory)
Questions 1 through 8 must be answered by every employee who has been selected to use any type of respirator. Please check "yes" or "no" to answer the questions.

1. Do you currently use tobacco or have you used tobacco in the last month? ☐Y ☐N

If "yes," how long have you used tobacco? ____________________

If "yes," what type(s) and how much?

a. Cigarettes ☐Y ☐N How many per day? __________ per week? __________

b. Cigars ☐Y ☐N How many per day? __________ per week? __________

c. Pipe ☐Y ☐N How many per day? __________ per week? __________

d. Snuff ☐Y ☐N How many per day? __________ per week? __________

2. Have you ever had any of the following conditions?

a. Allergic reactions that interfere with your breathing ☐Y ☐N

If "yes," what are you allergic to? ____________________

b. Claustrophobia (fear of closed-in places) ☐Y ☐N

c. Diabetes (sugar disease) ☐Y ☐N

If "yes," how do you control your diabetes? ☐Diet ☐Insulin ☐Oral medication

How do you monitor your diabetes? ☐Daily fingersticks ☐Monitored by doctor

How often do you see your provider about your diabetes? ________ times per year

How often have you experienced episodes of low sugar in the past year? ______ times

d. Seizures ☐Y ☐N

If "yes," when was your last seizure? ____________________

e. Trouble smelling odors ☐Y ☐N

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

a. Asbestosis ☐Y ☐N

b. Asthma ☐Y ☐N

If "yes," when was your last asthma attack? ____________________

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c. Broken ribs ☐Y ☐N

If "yes," when did you break your ribs? ________ How many ribs? ________

d. Chronic bronchitis ☐Y ☐N

e. Emphysema ☐Y ☐N

f. Lung cancer ☐Y ☐N

g. Pneumonia ☐Y ☐N

If "yes," when was your last episode? ________

h. Pneumothorax (collapsed lung) ☐Y ☐N

If "yes," when was your last episode? ________

What was the cause? ________

How often have you had episodes? ________ times

i. Silicosis ☐Y ☐N

j. Tuberculosis ☐Y ☐N

If "yes," when were you diagnosed? ________

What medication did you take? ________

k. Any chest injuries or surgeries ☐Y ☐N

If "yes," what did you have and when? ________

l. Any other lung problem(s) that you've been told about ☐Y ☐N

If "yes," what problem(s) and when? ________

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

a. Chest pain when you breathe deeply ☐Y ☐N

b. Coughing that occurs mostly when you are lying down ☐Y ☐N

c. Coughing that produces phlegm (thick sputum) ☐Y ☐N

d. Coughing that wakes you early in the morning ☐Y ☐N

e. Coughing up blood in the last month ☐Y ☐N

f. Shortness of breath ☐Y ☐N

g. Shortness of breath that interferes with your job ☐Y ☐N

h. Shortness of breath when walking at your own pace on level ground ☐Y ☐N

i. Shortness of breath when walking fast on level ground or up a slight hill ☐Y ☐N

j. Shortness of breath when walking with other people at an ordinary pace on level ground ☐Y ☐N

k. Shortness of breath when washing or dressing yourself ☐Y ☐N

l. Wheezing ☐Y ☐N

m. Wheezing that interferes with your job ☐Y ☐N

n. Any other symptom(s) that you think may be related to lung problems ☐Y ☐N

If "yes," what symptom(s) and when? ______

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

a. Angina ☐Y ☐N

b. Heart arrhythmia (irregular heartbeats) ☐Y ☐N

c. Heart attack ☐Y ☐N

d. Heart failure ☐Y ☐N

e. High blood pressure ☐Y ☐N

f. Stroke ☐Y ☐N

g. Swelling in your legs or feet not caused by walking ☐Y ☐N

h. Any other heart problem(s) that you've been told about ☐Y ☐N

If "yes," what problem(s) and when? ______

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

a. Frequent pain or tightness in your chest ☐Y ☐N

b. Pain or tightness in your chest during physical activity ☐Y ☐N

c. Pain or tightness in your chest that interferes with your job ☐Y ☐N

d. Heart skipping or missing a beat in the past two years ☐Y ☐N

e. Heartburn or indigestion that is not related to eating ☐Y ☐N

f. Any other symptom(s) that you think may be related to heart or circulation problems ☐Y ☐N

If "yes," what symptom(s) and when? ______

7. Do you currently take medication(s) for any of the following problems?

a. Blood pressure ☐Y ☐N

If "yes," what medication(s)? ______

b. Breathing or lung problems ☐Y ☐N

If "yes," what medication(s)? ______

c. Diabetes ☐Y ☐N

If "yes," what medication(s)? ______

d. Heart trouble ☐Y ☐N

If "yes," what medication(s)? ______

e. Seizures ☐Y ☐N

If "yes," what medication(s)? ______

f. Any other condition(s) ☐Y ☐N

If "yes," what condition(s) and medication(s)? ______

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8. Have you ever had any of the following problems?

- a. Anxiety ☐Y ☐N
- b. Eye irritation ☐Y ☐N
- c. General weakness or fatigue ☐Y ☐N
- d. Skin allergies or rashes ☐Y ☐N
- e. Any other problem(s) that interfere(s) with your use of a respirator ☐Y ☐N
  - If "yes," what problem(s)? ____________________

Questions 9 through 14 must be answered by every employee who has been selected to use a full-facepiece respirator or a self-contained breathing apparatus.

Questions 9 through 14 are voluntary for employees who have been selected to use other types of respirators.

9. Have you ever lost vision in either eye (temporarily or permanently)? ☐Y ☐N
   - If "yes," is or was your vision loss temporary or permanent? ☐Temporary ☐Permanent

10. Do you currently have any of the following vision issues?

- a. Color blindness ☐Y ☐N
- b. Wear contact lenses ☐Y ☐N
- c. Wear glasses ☐Y ☐N
- d. Any other eye or vision problem(s) ☐Y ☐N
  - If "yes," what problem(s) and when? ____________________

11. Have you ever had an injury to your ears, including a broken ear drum? ☐Y ☐N
    - If "yes," what injury and when? ____________________

12. Do you currently have any of the following hearing issues?

- a. Difficulty hearing ☐Y ☐N
- b. Wear a hearing aid ☐Y ☐N
- c. Any other hearing or ear problem(s) ☐Y ☐N
  - If "yes," when is the last time you had your hearing tested? ____________________

13. Have you ever had a back injury? ☐Y ☐N
    - If "yes," what injury and when? ____________________

14. Do you currently have any of the following musculoskeletal problems? ☐Y ☐N

- a. Back pain ☐Y ☐N
- b. Difficulty bending at your knees ☐Y ☐N
- c. Difficulty climbing a flight of stairs or a ladder carrying more than 25 lbs. ☐Y ☐N

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d. Difficulty fully moving your arms and legs ☐Y ☐N

e. Difficulty fully moving your head side to side ☐Y ☐N

f. Difficulty fully moving your head up or down ☐Y ☐N

g. Difficulty squatting to the ground ☐Y ☐N

h. Pain or stiffness when you lean forward or backward at the waist ☐Y ☐N

i. Weakness in any of your arms, hands, legs, or feet ☐Y ☐N

j. Any other muscle or skeletal problem(s) ☐Y ☐N

If "yes," what problem(s)? ____________________

Part B

Any of the following questions, and other questions not listed, may be added to this questionnaire at the discretion of the provider who will review it.

1. In your present job, do you work at high altitudes (over 5,000 ft.) or in a place that has lower than normal amounts of oxygen? ☐Y ☐N

   If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or any other symptom(s) when you're working under these conditions? ☐Y ☐N

2. At work or at home, have you ever been exposed to hazardous solvents or airborne chemicals (ex. gases, fumes, and dust)? ☐Y ☐N

   If "yes," what solvent(s) or chemical(s)? ____________________

3. At work or at home, has your skin ever come into contact with hazardous solvents or airborne chemicals (ex. gases, fumes, and dust)? ☐Y ☐N

   If "yes," what solvent(s) or chemical(s)? ____________________

4. Have you ever worked with or in any of the following materials?

   a. Aluminum ☐Y ☐N

   b. Asbestos ☐Y ☐N

   c. Beryllium ☐Y ☐N

   d. Coal (ex. mining) ☐Y ☐N

   e. Dusty environments ☐Y ☐N

   f. Iron ☐Y ☐N

   g. Silica (ex. sandblasting) ☐Y ☐N

   h. Tin ☐Y ☐N

   i. Tungsten/cobalt (ex. grinding and welding) ☐Y ☐N

   j. Any other hazardous material(s) ☐Y ☐N

   If "yes," what material(s)? ____________________

5. Do you have any second jobs or side businesses? ☐Y ☐N

If "yes," what second job(s) or side business(es)? ______________________

6. Have you ever had any other occupation(s)? ☐Y ☐N

If "yes," what occupation(s)? ______________________

7. Do you have or have you ever had any hobby or hobbies? ☐Y ☐N

If "yes," what hobby or hobbies? ______________________

7. Have you been in the military services? ☐Y ☐N

If "yes," were you exposed to biological or chemical agents, in training or in combat? ☐Y ☐N

8. Have you ever worked on a hazmat team? ☐Y ☐N

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 medication(s), including over-the-counter medication(s), for any reason? ☐Y ☐N

If "yes," what medication(s)? ______________________

10. Will you be using any of the following items with your respirator(s)?

a. Canisters (ex. gas masks) ☐Y ☐N

b. Cartridges ☐Y ☐N

c. HEPA filters ☐Y ☐N

11. How often do you expect to use the respirator(s)? (You can check more than one answer.)

a. Less than five hours per week ☐Y ☐N

b. Less than two hours per day ☐Y ☐N

c. Two to four hours per day ☐Y ☐N

d. Over four hours per day ☐Y ☐N

e. Emergency rescue only ☐Y ☐N

f. Escape only (no rescue) ☐Y ☐N

12. During the period you use the respirator(s), is your work effort:

a. Light (less than 200 kcal per hr.) ☐Y ☐N

Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; standing while operating a drill press (one to three lbs.); and controlling machines.

If "yes," how long does this period last during your average shift? ____ hrs. ______ mins.

b. Moderate (200 to 350 kcal per hr.) ☐Y ☐N

Examples of a 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 at two mph or down a five-degree grade at three mph; and pushing a wheelbarrow with a heavy load (±100 lbs.) on a level surface.

If "yes," how long does this period last during your average shift? ____ hrs. ______ mins.

c. Heavy (above 350 kcal per hr.) ☐Y ☐N

Examples of a heavy work effort are lifting a heavy load (±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 eight-degree grade at two mph; and climbing stairs with a heavy load (±50 lbs.).

If "yes," how long does this period last during your average shift? ____ hrs. ______ mins.

13. Will you wear protective clothing or equipment, other than the respirator, when you use your respirator(s)? ☐Y ☐N

If "yes," what clothing or equipment? ______________________________

14. Will you work under hot conditions (ex. over 77°F)? ☐Y ☐N

15. Will you work under humid conditions? ☐Y ☐N

16. What work will you do when you use your respirator(s)? ______________________________

17. What special or hazardous conditions (ex. confined spaces and life-threatening gases) could you encounter when you use your respirator(s)?

____

18. What toxic substance(s) will you be exposed to when you use your respirator(s)?

a. Name of toxic substance #1: ______________________________

Estimated maximum exposure level per shift: ____________________

Duration of exposure per shift: ____________________

b. Name of toxic substance #2: ______________________________

Estimated maximum exposure level per shift: ____________________

Duration of exposure per shift: ____________________

c. Name of toxic substance #3: ______________________________

Estimated maximum exposure level per shift: ____________________

Duration of exposure per shift: ____________________

d. What other toxic substance(s) will you be exposed to? ______________________________

19. What special responsibilities (ex. rescue or security) will you have when you use your respirator(s) that may affect the safety and well-being of others?

____

[63 FR 1152, Jan. 8, 1998; 63 FR 20098, April 23, 1998; 76 FR 33607, June 8, 2011; 77 FR 46949, Aug. 7, 2012]

Today's Date: ________________ Name: ______________________________

Information on Using Respirators

Read this information, and take it with you.

Respirators are an effective method of protection against designated hazards when properly selected and worn.

Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for users.

However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the user.

Sometimes, users may use 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, of if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and follow all instructions provided by the manufacturer on use, maintenance, cleaning, care, and warnings regarding the respirator's limitations.

2. Choose a respirator certified to protect against the contaminant of concern.

The National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.

3. Do not use your respirator in atmospheres containing contaminants for which your respirator is not designed to protect against.

For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes and smoke.

4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

Today's Date: ________________ Name: ________________________________