OSHA Respirator Medical Evaluation Questionnaire

Employee Name: _____ Date: _____

Job Title: _____ Age_____ Sex _____

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).

Your height: _____ft. _____in. Your weight: _____

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

a. ☐ N ☐ R ☐ P

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

Have you worn a respirator (check one): ☐ Yes ☐ No 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. (Check "Yes" or "No")

☐ 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?	
☐ Yes ☐ No	Seizures (fits)
☐ Yes ☐ No	Diabetes (sugar disease)
☐ Yes ☐ No	Allergic reactions that interfere with your breathing
☐ Yes ☐ No	Claustrophobia (fear of closed-in places)
☐ Yes ☐ No	Trouble smelling odors
3. Have you ever had any of the following pulmonary or lung problems?	
☐ Yes ☐ No	Asbestosis
☐ Yes ☐ No	Asthma
☐ Yes ☐ No	Chronic bronchitis
☐ Yes ☐ No	Emphysema
☐ Yes ☐ No	Pneumonia
☐ Yes ☐ No	Tuberculosis
☐ Yes ☐ No	Silicosis
☐ Yes ☐ No	Pneumothorax (collapsed lung)
☐ Yes ☐ No	Lung cancer
☐ Yes ☐ No	Broken ribs
☐ Yes ☐ No	Any chest injuries or surgeries
☐ Yes ☐ No	Any other lung problem that you've been told about

4. Do you currently have any of the following symptoms or pulmonary or lung disease? (cont.)	
☐ Yes ☐ No	Wheezing
☐ Yes ☐ No	Wheezing that interferes with your job
☐ Yes ☐ No	Chest pain when you breathe deeply
☐ Yes ☐ No	Any other symptoms that you think may be related to lung problems
5. Have you ever had any of the following cardiovascular or heart problems?	
☐ Yes ☐ No	Heart attack
☐ Yes ☐ No	Stroke
☐ Yes ☐ No	Angina
☐ Yes ☐ No	Heart failure
☐ Yes ☐ No	Swelling in your legs or feet (not caused by walking)
☐ Yes ☐ No	Heart arrythmia
☐ Yes ☐ No	High blood pressure
☐ Yes ☐ No	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	Frequent pain or tightness in your chest
☐ Yes ☐ No	Pain or tightness in your chest during physical activity
☐ Yes ☐ No	Pain or tightness in your chest that interferes with your job

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4. Do you currently have any of the following symptoms of pulmonary or lung disease?			☐ Yes	☐ No	In the past two years, have you noticed your heart skipping or missing a beat?
☐ Yes	☐ No	Shortness of breath	☐ Yes	☐ No	Heartburn or indigestion that is not related to eating
☐ Yes	☐ No	Shortness of breath when walking on level ground or walking up a slight hill or incline	☐ Yes	☐ No	Any other symptoms that you think might be related to heart or circulation problems
☐ Yes	☐ No	Shortness of breath when walking with other people at an ordinary pace on level ground	**7. Do you currently take any medications for any of the following problems?**		
			☐ Yes	☐ No	Breathing or lung problems
☐ Yes	☐ No	Have to stop for breath when walking	☐ Yes	☐ No	Heart trouble
☐ Yes	☐ No	Shortness of breath when washing or dressing yourself	☐ Yes	☐ No	Blood pressure
			☐ Yes	☐ No	Seizures (fits)
☐ Yes	☐ No	Shortness of breath that interferes with your job	**8. If you've ever used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check the following box ☐ and go to question 9.)**		
☐ Yes	☐ No	Coughing that produces phlegm (thick sputum)			
☐ Yes	☐ No	Coughing that wakes you early in the morning	☐ Yes	☐ No	Eye irritation
			☐ Yes	☐ No	Skin allergies or rash
☐ Yes	☐ No	Coughing that mostly occurs when you are lying down	☐ Yes	☐ No	Anxiety
			☐ Yes	☐ No	General weakness or fatigue
☐ Yes	☐ No	Coughing up blood in the last month	☐ Yes	☐ No	Any other problem that interferes with your use of a respirator

☐ Yes ☐ No **9. Would you like to talk to a health care professional who will review this questionnaire about your answers to these questions?**

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

☐ Yes	☐ No	**10. Have you ever lost vision in either eye (temporarily or permanently)**	☐ Yes	☐ No	**14. Have you ever had a back injury?**
11. Do you currently have any of the following vision problems?			**15. Do you currently have any of the following musculoskeletal problems?**		
☐ Yes	☐ No	Wear contact lenses	☐ Yes	☐ No	Weakness in any of your arms, hands, legs, or feet
☐ Yes	☐ No	Wear glasses	☐ Yes	☐ No	Back pain
☐ Yes	☐ No	Color blindness	☐ Yes	☐ No	Difficulty fully moving your arms or legs
☐ Yes	☐ No	Any other eye or vision problem	☐ Yes	☐ No	Pain or stiffness when you lean forward or backward at the waist
☐ Yes	☐ No	**12. Have you ever had an injury to your ears, including a broken ear drum?**	☐ Yes	☐ No	Difficulty fully moving your head up and down
			☐ Yes	☐ No	Difficulty fully moving your head side to side

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13. Do you currently have any of the following hearing problems?					
☐ Yes	☐ No	Difficulty hearing	☐ Yes	☐ No	Difficulty bending at your knees
☐ Yes	☐ No	Wear a hearing aide	☐ Yes	☐ No	Difficulty squatting to the ground
☐ Yes	☐ No	Any other hearing or ear problems	☐ Yes	☐ No	Climbing a flight of stairs or a ladder carrying more than 25 pounds
			☐ Yes	☐ No	Any other muscle or skeletal problem that interferes with using a respirator

TO THE PLHCP

Check the ONE that applies:

☐ I have reviewed Part A Section 2 of this questionnaire with the employee and I do not recommend that a physical examination be performed.

☐ I have reviewed Part A Section 2 of this questionnaire with the employee and I am recommending that a physical examination be performed.

☐ I have reviewed Part A section 2 of this questionnaire without the employee and I do not recommend that a physical examination be performed.

☐ I have reviewed Part A Section 2 of this question without the employee and I am recommending that a physical examination be performed.

PLHCP Signature: _____ Date: _____

Employee Signature: _____ Date: _____

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. Respirator use is encouraged, even 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 U.S. 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 not wear your respirator into atmospheres containing contaminants for which your respirator is not designated to protect against. For example, a respirator designated to filter dust 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.