

OSHA Respirator Medical Evaluation Questionnaire

1. Today's date: _____
2. Your name: _____
3. Your age (to nearest year): _____
4. Sex (circle one): Male/Female
5. Your height: _____ ft. _____ in.
6. Your weight: _____ lbs.
7. Your job title: _____
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): _____
9. The best time to phone you at this number: _____
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No
11. 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-face piece type, powered-air purifying supplied-air, self-contained breathing apparatus).
12. Have you worn a respirator (circle one): Yes / No
If "yes," what type(s): _____

1. Do you *currently* smoke tobacco, or have you smoked tobacco in the last month:

Yes/No

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

a. Seizures: Yes / No

b. Diabetes (sugar disease): Yes / No

c. Allergic reactions that interfere with your breathing: Yes / No

d. Claustrophobia (fear of closed-in places): Yes / No

e. Trouble smelling odors: Yes / No

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

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. Pneumothorax (collapsed lung): Yes / No

l. 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: Yes / No

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

- a. Shortness of breath: Yes / No
- b. Shortness of breath when walking fast 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 at your own pace on level ground: Yes / No
- e. Shortness of breath when 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 occurs mostly 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: Yes / No

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

- 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 (heart beating irregularly): Yes / No
- g. High blood pressure: Yes / No
- h. Any other heart problem that you've been told about: Yes / No

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

- 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
- d. Any other symptoms that you think may be related to heart or circulation problems: Yes / No

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

- a. Breathing or lung problems: Yes / No
- b. Heart trouble: Yes / No
- c. Blood pressure: Yes / No
- d. Seizures: Yes / No

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:)

- 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 interferes with your use of a respirator: Yes / No

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

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-face piece 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.

10. Have you *ever lost* vision in either eye (temporarily or permanently): Yes / No

11. Do you *currently* have any of the following vision problems?

- a. Wear contact lenses: Yes / No
- b. Wear glasses: Yes / No
- c. Color blind: Yes / No
- d. Any other eye or vision problem: Yes / No

12. Have you *ever had* an injury to your ears, including a broken ear drum: Yes / No

13. Do you *currently* have any of the following hearing problems?

- a. Difficulty hearing: Yes / No
- b. Wear a hearing aid: Yes / No
- c. Any other hearing or ear problem: Yes / No

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

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

- 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.: Y Yes / No
- j. Any other muscle or skeletal problem that interferes with using a respirator: Yes / No

Any Additional comments you would like to make:

TO BE COMPLETED BY THE EXAMINER/REVIEWER:

This employee has been found to be physically able to use the following (check each [] that applies):

<input type="checkbox"/> Full-faced powered cartridge-type (PAPR)	<input type="checkbox"/> Full-faced cartridge-type respirator, negative pressure
<input type="checkbox"/> Single use, filter mask (four attachment points)	<input type="checkbox"/> Hood/helmet powered cartridge-type (PAPR)
<input type="checkbox"/> Half-faced cartridge-type, negative pressure	<input type="checkbox"/> Half-faced powered cartridge-type (PAPR)
<input type="checkbox"/> Self-contained breathing apparatus (SCBA)	<input type="checkbox"/> Half-faced/Full-faced/Hood/Helmet (NOT positive pressure)

Restrictions / Limitations (if any) when wearing a respirator:

-
- This employee has been found to be physically NOT able to use a respirator***
 - There is insufficient information to make a determination at this time***
 - The mandatory questionnaire has been reviewed, and the employee has been found to be physically able to use a respirator.***
 - The mandatory questionnaire has been reviewed but there is insufficient information to make a determination at this time.***

This respirator clearance expires 1 2 3 years from the date below. (If not marked, clearance expires in 1 year)

Reviewer's Name (Print) _____

Reviewer's Signature _____

Date: _____

Part B - Any of the following questions and other questions may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

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? Yes No

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

2. At work or home, have you ever been exposed to hazardous solvents or hazardous airborne chemicals (e.g., gases, fumes or dust) or come into skin contact with hazardous chemicals?

Yes No

If "yes," name the chemicals if you know them:

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

a. Asbestos Yes No

b. Silica (e.g., in sandblasting) Yes No

c. Tungsten/cobalt (e.g., grinding or welding this material): Yes No

d. Beryllium Yes No

e. Aluminum Yes No

f. Coal (e.g., mining) Yes No

g. Iron Yes No

h. Tin Yes No

i. Dusty environments Yes No

j. Any other hazardous exposures Yes No

If "yes," describe these incidents of 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)? Yes No

8. Have you ever worked on a hazardous material team? Yes No

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)? Yes No

If "yes," name the medications if you know them:

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

a. High-efficiency purifying air filters Yes No

b. Canisters (e.g., gas masks) Yes No

c. Cartridges Yes No

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

Circle "yes" or "no" for all answers that apply to you.

- a. Escape only (no rescue) Yes No
- b. Emergency rescue only Yes No
- c. Less than five hours per week Yes No
- d. Less than two hours per day Yes No
- e. Two to four hours per day Yes No
- f. More than four hours per day Yes No

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

- a. Light (less than 200 kcal per hour)? Yes No

If "yes," how long does this period last during the average shift? _____ Hours _____ Minutes.

Examples of a light work effort are sitting while writing, typing, drafting or performing light assembly work and standing while operating a drill press (1 to 3 pounds) or controlling machines.

- b. Moderate (200 to 350 kcal per hour): Yes No

If "yes," how long does this period last during the average shift? _____ Hours _____ minutes.

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 pounds) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; and pushing a wheel barrow with a heavy load (about 100 pounds) on a level surface.

- c. Heavy (above 350 kcal per hour): Yes No

If "yes," how long does this period last during the average shift? _____ hours _____ minutes.

Examples of heavy work are lifting a heavy load (about 50 pounds) 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 2mph; and climbing stairs with a heavy load (about 50 pounds).

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

If "yes," describe this protective clothing and/or equipment:

14. Will you be working under hot conditions (temperature exceeding 77 F)? Yes 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 your respirator(s) (e.g., confined spaces, life-threatening gases):

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

Name of the first toxic substance:

Estimated maximum exposure level per shift:

Duration of exposure per shift:

Name of the second toxic substance:

Estimated maximum exposure level per shift:

Duration of exposure per shift:

Name of the third toxic substance:

Estimated maximum exposure level per shift:

Duration of exposure per shift:

The name of any other toxic substances you will be exposed to while using your respirator:

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (e.g., rescue, security):

Employee Name:

Signature:

Date:

Supplemental Information to the PLHCP

Before a recommendation can be made by the professionally licensed health care provider (PLHCP), OSHA requires the following information be included so it, too, can be taken under

Consideration:

1. The type and weight of the respirator
2. The duration and frequency of respirator use
3. The expected physical work effort
4. Any additional PPE or clothing to be worn
5. Temperature and humidity extremes that may be encountered
6. A copy of [company name's] written program and a copy of OSHA's standard, 29 CFR 1910.134

Employee Name:

Job Title:

Type of respirator:

Half mask _____

Full-face piece _____

Dust mask _____

Powered air-purifying respirator _____

Duration/Frequency of use:

Duration _____ Hours

Frequency

_____ Daily

_____ Number of times per week

_____ Number of times per month

Expected workload:

Light _____

Medium _____

Heavy _____

Indicate any other PPE required at same time of respirator use:

Temperature and humidity extremes:

Low temperature: _____

High temperature: _____

High humidity: _____

Appendix D to 29 CFR 1910.134.**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 an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a 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 the respirator itself does not present a hazard.

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator's limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. The National Institute for Occupational Safety and Health (NIOSH) 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 wear your respirator into 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 or smoke.
4. Keep track of your respirator so you do not mistakenly use someone else's.