



Respirator Medical Evaluation Questionnaire

Part B Discretionary Questions

Name:
Job Title:

Patient ID:
Job Title not in List:

Date:

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:

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions:

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

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:
- b. Silica (*e.g.*, in sandblasting):
- c. Tungsten/cobalt (*e.g.*, grinding or welding this material):
- d. Beryllium:
- e. Aluminum:
- f. Coal (for example, mining):
- g. Iron:
- h. Tin:
- i. Dusty environments:
- j. Any other hazardous exposures:

If "yes," 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?

If "yes," were you exposed to biological or chemical agents (either in training or combat):

8. Have you ever worked on a HAZMAT team?

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):

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

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

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

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

- a. Escape only (no rescue):
- b. Emergency rescue only:
- c. Less than 5 hours *per week*:
- d. Less than 2 hours *per day*:
- e. 2 to 4 hours per day:
- f. 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):

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

Examples of a light work effort are **sitting** while writing, typing, drafting, or performing light assembly work; or **standing** while operating a drill press (1-3 lbs.) or controlling machines.

b. **Moderate** (200 to 350 kcal per hour):

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

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 lbs.) at trunk level; **walking** on a level surface about 2 mph or down a 5-degree grade about 3 mph; or **pushing** a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

c. **Heavy** (above 350 kcal per hour):

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

Examples of heavy work are **lifting** a heavy load (about 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 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator:

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

14. Will you be working under hot conditions (temperature exceeding 77 deg. F):

15. Will you be working under humid conditions:

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) (for example, confined spaces, life-threatening gases):

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

The name of any other toxic substances that you'll 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 (for example, rescue, security):