



OCCUPATIONAL HEALTH

Medical Questionnaire

To Be Used by Occupational Health to Determine if a Person is Healthy Enough to Work in an Air Purifying Respirator (APR) or to Decide if That Person Should Go Through Further Testing Before Being Allowed to Work in an APR
Appendix C to §1910.134: OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

Return completed form to Occupational Health via fax 214-645-5196 at least 24 hours prior to fit testing.

To schedule an appointment for mask fit testing call Occupational Health at 214-645-5300

TO THE EMPLOYEE: Can you read English? (circle one): Yes No

TO THE EMPLOYER: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

EMPLOYEE: Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

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. Your name:
3. Your age (to nearest year):
4. Gender (circle one): Male Female
5. Your height in feet/inches:
6. Your weight in pounds:
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

Your questionnaire will be reviewed by a licensed medical Professional @ UT Southwestern Occupational Health 5909 Harry Hines Blvd. Dallas Texas 75390-9211 University Hospital - St. Paul Building - First Floor 214-645-5300

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

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

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

12. Have you worn a respirator before? **(circle 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.

1. Do you *currently* smoke tobacco, or have you smoked tobacco in the last month: **(circle one):** **Yes** **No**

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

a. Seizures? **(circle one):** **Yes** **No**

b. Diabetes? **(circle one):** **Yes** **No**

c. Allergic reactions that interfere with your breathing? **(circle one):** **Yes** **No**

d. Claustrophobia (fear of closed-in places)? **(circle one):** **Yes** **No**

e. Trouble smelling odors? **(circle one):** **Yes** **No**

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

a. Asbestosis? **(circle one):** **Yes** **No**

b. Asthma? **(circle one):** **Yes** **No**

c. Chronic bronchitis? **(circle one):** **Yes** **No**

d. Emphysema? **(circle one):** **Yes** **No**

e. Pneumonia? **(circle one):** **Yes** **No**

f. Tuberculosis? **(circle one):** **Yes** **No**

g. Silicosis? **(circle one):** **Yes** **No**

h. Pneumothorax (collapsed lung)? **(circle one):** **Yes** **No**

i. Lung cancer? **(circle one):** **Yes** **No**

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- j. Broken ribs? **(circle one):** **Yes** **No**
 - k. Any chest injuries or surgeries? **(circle one):** **Yes** **No**
 - l. Any other lung problem that you've been told about? **(circle one):** **Yes** **No**
4. Do you *currently* have any of the following symptoms of pulmonary or lung illness?
- a. Shortness of breath? **(circle one):** **Yes** **No**
 - b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline?
(circle one): **Yes** **No**
 - c. Shortness of breath when walking with other people at an ordinary pace on level ground?
(circle one): **Yes** **No**
 - d. Have to stop for breath when walking at your own pace on level ground?
(circle one): **Yes** **No**
 - e. Shortness of breath when washing or dressing yourself?
(circle one): **Yes** **No**
 - f. Shortness of breath that interferes with your job? **(circle one):** **Yes** **No**
 - g. Coughing that produces phlegm (thick sputum)? **(circle one):** **Yes** **No**
 - h. Coughing that wakes you early in the morning? **(circle one):** **Yes** **No**
 - i. Coughing that occurs mostly when you are lying down? **(circle one):** **Yes** **No**
 - j. Coughing up blood in the last month? **(circle one):** **Yes** **No**
 - k. Wheezing **(circle one):** **Yes** **No**
 - l. Wheezing that interferes with your job? **(circle one):** **Yes** **No**
 - m. Chest pain when you breathe deeply? **(circle one):** **Yes** **No**
 - n. Any other symptoms that you think may be related to lung problems? **(circle one):** **Yes** **No**
5. Have you *ever had* any of the following cardiovascular or heart problems?
- a. Heart attack? **(circle one):** **Yes** **No**
 - b. Stroke? **(circle one):** **Yes** **No**
 - c. Angina? **(circle one):** **Yes** **No**
 - d. Heart failure? **(circle one):** **Yes** **No**

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- e. Swelling in your legs or feet (not caused by walking)? **(circle one):** **Yes** **No**
 - f. Heart arrhythmia (heart beating irregularly)? **(circle one):** **Yes** **No**
 - g. High blood pressure? **(circle one):** **Yes** **No**
 - h. Any other heart problem that you've been told about? **(circle one):** **Yes** **No**
6. Have you ever had any of the following cardiovascular or heart symptoms?
- a. Frequent pain or tightness in your chest? **(circle one):** **Yes** **No**
 - b. Pain or tightness in your chest during physical activity? **(circle one):** **Yes** **No**
 - c. Pain or tightness in your chest that interferes with your job? **(circle one):** **Yes** **No**
 - d. In the past two years, have you noticed your heart skipping or missing a beat? **(circle one):** **Yes** **No**
 - e. Heartburn or indigestion that is not related to eating? **(circle one):** **Yes** **No**
 - f. Any other symptoms that you think may be related to heart or circulation problems? **(circle one):** **Yes** **No**
7. Do you *currently* take medication for any of the following problems?
- a. Breathing or lung problems? **(circle one):** **Yes** **No**
 - b. Heart trouble? **(circle one):** **Yes** **No**
 - c. Blood pressure? **(circle one):** **Yes** **No**
 - d. Seizures (fits)? **(circle one):** **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? **(circle one):** **Yes** **No**
 - b. Skin allergies or rashes? **(circle one):** **Yes** **No**
 - c. Anxiety? **(circle one):** **Yes** **No**
 - d. General weakness or fatigue? **(circle one):** **Yes** **No**
 - e. Any other problem that interferes with your use of a respirator? **(circle one):** **Yes** **No**
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire? **(circle one):** **Yes** **No**

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Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece 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)? **(circle one):** **Yes** **No**
11. Do you *currently* have any of the following vision problems?
- a. Wear contact lenses? **(circle one):** **Yes** **No**
 - b. Wear glasses? **(circle one):** **Yes** **No**
 - c. Color blind? **(circle one):** **Yes** **No**
 - d. Any other eye or vision problem? **(circle one):** **Yes** **No**
12. Have you *ever had* an injury to your ears, including a broken ear drum? **(circle one):** **Yes** **No**
13. Do you *currently* have any of the following hearing problems?
- a. Difficulty hearing? **(circle one):** **Yes** **No**
 - b. Wear a hearing aid? **(circle one):** **Yes** **No**
 - c. Any other hearing or ear problem? **(circle one):** **Yes** **No**
14. Have you *ever had* a back injury? **(circle one):** **Yes** **No**
15. Do you *currently* have any of the following musculoskeletal problems?
- a. Weakness in any of your arms, hands, legs, or feet? **(circle one):** **Yes** **No**
 - b. Back pain? **(circle one):** **Yes** **No**
 - c. Difficulty fully moving your arms and legs? **(circle one):** **Yes** **No**
 - d. Pain or stiffness when you lean forward or backward at the waist? **(circle one):** **Yes** **No**
 - e. Difficulty fully moving your head up or down? **(circle one):** **Yes** **No**
 - f. Difficulty fully moving your head side to side? **(circle one):** **Yes** **No**
 - g. Difficulty bending at your knees? **(circle one):** **Yes** **No**
 - h. Difficulty squatting to the ground? **(circle one):** **Yes** **No**
 - i. Climbing a flight of stairs or a ladder carrying more than 25 lbs? **(circle one):** **Yes** **No**
 - j. Any other muscle or skeletal problem that interferes with using a respirator? **(circle one):** **Yes** **No**

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Part B Any of the following questions, and other questions not listed, 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? **(circle one): Yes No**

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? **(circle one): Yes No**

If "yes," describe: _____

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? **(circle one): 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? **(circle one): Yes No**

b. Silica (e.g., in sandblasting)? **(circle one): Yes No**

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

d. Beryllium? **(circle one): Yes No**

e. Aluminum? **(circle one): Yes No**

f. Coal (for example, mining)? **(circle one): Yes No**

g. Iron? **(circle one): Yes No**

h. Tin? **(circle one): Yes No**

i. Dusty environments? **(circle one): Yes No**

j. Any other hazardous exposures? **(circle one): Yes No**

If "yes," describe these exposures: _____

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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? **(circle one): Yes No**
If “yes,” were you exposed to biological or chemical agents (either in training or combat)? **(circle one): Yes No**
8. Have you ever worked on a HAZMAT team? **(circle one): 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)?
(circle one): 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. HEPA Filters? **(circle one): Yes No**
 - b. Canisters (for example, gas masks)? **(circle one): Yes No**
 - c. Cartridges? **(circle one): Yes No**
11. How often are you expected to use the respirator(s) that apply to you)?
(Circle one)
- 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*?

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

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?
(circle one): Yes No

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

14. Will you be working under hot conditions (temperature exceeding 77 EF)? **(circle one): Yes No**

15. Will you be working under humid conditions? **(circle one): 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) (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):

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1. Name of the first toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift _____

2. Name of the second toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift _____

3. Name of the third toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift _____

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): _____

Appendix D to §1910.134 (Mandatory) 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 that the respirator itself does not present 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 respirators limitations.

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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 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 that you do not mistakenly use someone else's respirator