

RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE
 OSHA 1910.134 (in addition to Medical Questionnaire)

Name: _____

Date: _____

Has your employer told you how to contact the health care professional who will review this questionnaire? Yes No

Do you have trouble smelling odors?	Yes	No
Do you wear dentures?	Yes	No
Do you wear a skullcap?	Yes	No
Do you grow a beard?	Yes	No

Have you **ever had** any of the following heart problems or symptoms?

Swelling in feet/legs	Yes	No	Heart attack	Yes	No
Irregular heart beat	Yes	No	Heart failure	Yes	No
High blood pressure	Yes	No	Angina	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?	Yes	No			
In the past two years, have you noticed your heart skipping or missing a beat?	Yes	No			
Heartburn or indigestion that is not related to eating?	Yes	No			
Any other heart problem that you have been told about?	Yes	No			

Have you **ever had** any of the following lung problems or symptoms?

Asbestosis	Yes	No	Emphysema	Yes	No
Chronic bronchitis	Yes	No	Asthma	Yes	No
Lung cancer	Yes	No	Pneumonia	Yes	No
Tuberculosis	Yes	No	Silicosis	Yes	No
Chest injury/surgery	Yes	No	Broken ribs	Yes	No
Pneumothorax (collapsed lung)	Yes	No	Wheezing	Yes	No
Shortness of breath?	Yes	No			
Shortness of breath when walking fast on level ground or walking up slight hill?	Yes	No			
Shortness of breath when walking with other people at an ordinary pace?	Yes	No			
Have to stop for breath when walking at your own pace on level ground?	Yes	No			
Shortness of breath when washing or dressing yourself?	Yes	No			
Shortness of breath that interferes with your job?	Yes	No			
Coughing that produces phlegm (thick sputum)?	Yes	No			
Coughing that wakes you early in the morning?	Yes	No			
Coughing that occurs mostly when you are lying down?	Yes	No			
Coughing up blood in the last month?	Yes	No			
Wheezing that interferes with your job?	Yes	No			
Chest pain when you breathe deeply?	Yes	No			
Allergic reactions that interfere with breathing?	Yes	No			
Any other lung problem that you have been told about?	Yes	No			

If yes to any of the above, please explain here including dates: _____

Type of Respirator:

- 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)

Will you be using any of the following items with your respirator?

- HEPA filters
- Canisters
- Cartridges

Have you ever worn a respiratory? Yes No

If yes, have you **ever had** any of the following problems?

- | | | | | | |
|---|-----|----|---------------------|-----|----|
| Eye irritation | Yes | No | Anxiety | Yes | No |
| Skin allergies or rashes | Yes | No | Weakness or fatigue | Yes | No |
| Any other problem that interferes with your use of a respirator | | | | Yes | No |

How often are you expected to use the respirator (s) (Check all that apply)

- . Escape Only (no rescue)
- . Emergency rescue only
- . Less than 5 hours **per week**
- . Less than 2 hours **per day**
- . 2 to 4 hours per day
- . Over 4 hours per day

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

Will you be working under hot conditions (temperature exceeding 77 degrees Fahrenheit? Yes No

Will you be working under humid conditions? Yes No

During the period you are using the respirator, is your work effort:

. **LIGHT**

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

. **MODERATE**

Examples of work effort are **sitting** while nailing or filing; **driving** a truck or a 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** wheel barrow with a heavy load (about 100lbs) on a level surface.

. **HEAVY**

Examples of work effort are **lifting** a heavy load (about 50 lbs) from the floor to your waist or shoulder; shoveling; **standing** while bricklaying; **walking** up a 8-degree grade about 2mph; climbing stairs with a heavy load (about 50 lbs).

Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire? Yes No

Have all your questions been answered to your best of your understanding? Yes No

I hereby certify that all the information I have given is true and correct:

Signed: _____ Date: _____

