EMPLOYEE HEALTH SERVICES PARTICULATE RESPIRATOR MEDICAL EVALUATION

This questionnaire is used in determining whether or not you have a medical condition that may affect your ability to safely wear a respirator. Fit testing is also required and is done separately. All medical information is confidential.

The following information must be provided by every employee who has been selected to use any type of respirator (PLEASE PRINT) Date: Name: **University 2P Number:** Job Title: Department: Work Phone Number: Height in feet/inches Weight in pounds Age (to nearest year) Sex (circle one): Male Female Has your employer told you how to contact the health care professional who will review this questionnaire? (circle one): No Check the type of respirator you will use (you can check more than one category): N,R, or P disposable respirator (filter mask) Other type (if you use (or plan to use) half or full face, or self-contained breathing apparatus, contact MyHealth@Work for respirator questionnaire supplement) The following information must be provided to the health care professional before he/she makes a recommendation concerning your ability to use a respirator: Duration and frequency of respirator use: Expected physical work effort: 2. 3. Additional protective clothing and equipment to be worn: Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "Y" or "N") Do you currently smoke tobacco, or have you smoked Have you ever had any of the following cardiovascular tobacco in the last month? Ν or heart problems? **Heart Attack** N 2. Have you ever had any of the following conditions? a. Seizures (fits) Ν b. Stroke Υ Ν a. **Heart Failure** Υ N Diabetes (sugar disease) b. Υ Ν C. Allergic reactions that interfere with your Υ Ν d. Swelling in your legs/ feet (not caused by walking) Υ N C. Hearth arrhythmia (heart beating irregularly) Υ Ν breathing e. Claustrophobia (fear of closed-in places) f. High blood pressure Ν d. Ν Trouble smelling odors Υ Any other heart problem that you have been told N Ν g. about Have you ever had any of the following pulmonary or 6. Have you ever had any of the following cardiovascular lung problems? or heart problems? Asbestosis Frequent pain or tightness in your chest N Ν a. Υ b. **Asthma** Ν Pain or tightness in your chest during physical Υ Ν **Chronic Bronchitis** Υ Ν C. Υ Υ d. **Emphysema** Ν Pain or tightness in your chest that interferes with Ν C. Pneumonia Υ your job e. Ν Υ **Tuberculosis** f. N d. In the past 2 years, have you noticed your heart Υ Ν Υ **Silicosis** Ν skipping or missing a beat g. Υ h. Pneumothorax (collapsed lung) Ν e. Heartburn or indigestion that is not related to Ν Υ **Lung Cancer** N eating i. Υ Any other symptoms that you think might be **Broken Ribs** N f. Υ Ν k. Any chest injuries or surgeries Υ Ν related to heart or circulation problems Υ Any other lung problem that you have been told I. Ν Do you currently have any of the following symptoms Do you currently take medication for any of the of pulmonary or lung illness? following problems? Shortness of breath N a. Breathing or lung problems N b. Shortness of breath when walking fast on level Υ Ν b. **Heart trouble** Υ Ν ground or walking up a slight hill or incline **Blood Pressure** Υ Ν C. Shortness of breath when walking with other Υ Ν d. Seizures (fits) N C. people at an ordinary pace on level ground If you've used a respirator, have you ever had any of Have to stop for breath when walking at your own the following problems? d. Υ Ν pace on level ground Eye Irritation Shortness of breath when washing or dressing Skin Allergies or Rashes Υ e. Υ Ν b. yourself Anxiety Υ Ν C. Shortness of breath that interferes with your job f. **General Weakness or Fatigue** d. Υ Ν Ν Coughing that produces phlegm (thick sputum) Υ Ν Any other problem that interferes with your use of Ν Coughing that wakes you early in the morning Υ Ν a respirator h. Υ Coughing that occurs mostly when you are lying i. Ν Coughing up blood in the last month Would you like to talk to the health care professional Ν k. Wheezing Υ who will review this questionnaire about your answers Ν Wheezing that interferes with your job I. Υ Ν on this questionnaire? Chest pain when you breath deeply m. Y N Any other symptoms that you think may be related Υ Ν to lung problems **Employee Signature** Date ↓ Approved μ Denied ↓ Approved w/restrictions μ More information needed Remarks: Physician/Nurse Signature Date