



HEALTH CONNECTIONS

## Occupational Health

### Appendix C – OSHA Respirator Medical Evaluation Questionnaire

(OSHA CFR 1910.134, Appendix C, Mandatory)

**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.

**To the employee:**

Can you read (circle one): Yes/No

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. 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-facepiece 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): \_\_\_\_\_

**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 (please circle "yes" or "no").

Question	Answer	
	Yes	No
<b>1. Do you currently smoke tobacco, or have you smoked tobacco in the last month</b>	Yes	No
<b>2. Have you ever had any of the following conditions?</b>	Yes	No
a. Seizures (fits)	Yes	No
b. Diabetes (sugar disease)	Yes	No
c. Allergic reactions that interfered with your breathing	Yes	No
d. Claustrophobia (fear of closed-in places)	Yes	No
e. Trouble smelling odors	Yes	No
<b>3. Have you ever had any of the following pulmonary or lung problems?</b>	Yes	No
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
i. Lung cancer	Yes	No
j. Broken ribs	Yes	No
k. Any chest injuries or surgeries	Yes	No
l. Any other lung problems that you've been told about	Yes	No
<b>4. Do you currently have any of the following symptoms of pulmonary or lung illness?</b>	Yes	No
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	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 breath deeply	Yes	No
n. Any other symptoms that you think may be related to lung problems Please explain:	Yes	No
<b>5. Have you ever had any of the following cardiovascular or heart</b>		

<b>problems?</b>	Yes	No
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
<b>6. Have you ever had any of the following cardiovascular or heart symptoms?</b>	Yes	No
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
f. Any other symptoms that you think may be related to heart or circulation problems	Yes	No
<b>7. Do you currently take any medications for the following problems?</b>	Yes	No
a. Breathing or lung problems	Yes	No
b. Heart trouble	Yes	No
c. Blood pressure	Yes	No
d. Seizures	Yes	No
<b>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)</b> _____	Yes	No
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
<b>9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?</b>	Yes	No
<b>10. Do you currently have any of the following vision problems?</b>	Yes	No
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

Questions 11 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 HCWs who have been selected to use other types of respirators, answering these questions is voluntary.

<b>11. Have you ever lost vision in either eye (temporarily or permanently)?</b>	Yes	No
<b>12. Have you ever had an injury to your ears, including a broken ear drum?</b>	Yes	No

<b>13 Do you currently have any of the following hearing problems?</b>	Yes	No
a. Difficulty hearing	Yes	No
b. Wear a hearing aid	Yes	No
c. Any other hearing or ear problem	Yes	No
<b>14. Have you ever had a back injury?</b>	Yes	No
<b>15. Do you currently have any of the following musculoskeletal problems?</b>	Yes	No
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	Yes	No
j. Any other muscle or skeletal problem that interferes with you using a respirator	Yes	No



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## Occupational Health

### OSHA Respirator Medical Evaluation Questionnaire Part B for Further Medical Evaluation

**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.

<b>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?</b>	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?	Yes	No
<b>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?</b>	Yes	No
If "yes", name the chemicals if you know them: _____ _____		
<b>3. Have you ever worked with any of the materials, or under any of the conditions listed below?</b>		
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 (for example, mining)	Yes	No
g. Iron	Yes	No
h. Tin	Yes	No
i. Dusty environments	Yes	No
<b>j. Any other hazardous exposures ?</b>	Yes	No
If "yes" describe these exposures: _____ _____		
<b>4. List any second jobs or side businesses you have:</b> _____		
<b>5. List your previous occupations:</b> _____		
<b>6. List your current hobbies:</b> _____		

<b>7. Have you been in the military services?</b>	Yes	No
<b>8. Have you ever worked on a HAZMAT team?</b>	Yes	No
<b>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):</b>  If "yes", name the medications if you know them: _____	Yes	No
<b>10. Will you be using any of the following items with your respirator(s)?</b>		
a. HEPA Filters	Yes	No
b. Canisters (for example, gas masks)	Yes	No
c. Cartridges	Yes	No
<b>11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you?)</b>		
a. Escape only (no rescue)	Yes	No
b. Emergency rescue only	Yes	No
c. Less than 5 hours per week	Yes	No
d. Less than 2 hours per day	Yes	No
e. 2 to 4 hours per day	Yes	No
f. Over 4 hours per day	Yes	No
<b>12. During the period you are using the respirator(s), is your work effort:</b>		
a. Light (less than 200 kcal per hour)  If "yes", how long does this period last during the average shift? _____ hrs. _____ min.  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 machinery.	Yes	No
b. Moderate (200 to 350 kcal per hour)  If "yes", how long does this period last during the average shift? _____ hrs. _____ min.  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.	Yes	No
c. Heavy (above 350 kcal per hour)  If "yes", how long does this period last during the average shift? _____ hrs. _____ min.  Examples of heavy work are lifting a heavy load (about 50 lbs.) from the	Yes	No

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.).		
<b>13. Will you be wearing protective clothing and /or equipment (other than the respirator) when you're using your respirator?</b>	Yes	No
If "yes", describe this protective clothing and/or equipment: _____		
<b>14. Will you be working under hot conditions (temperature exceeding 77 deg. F)?</b>	Yes	No
<b>15. Will you be working under humid conditions?</b>	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 space, 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):**

Name of the 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 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):**

\_\_\_\_\_