Appendix B

OSHA Respirator Medical Evaluation Questionnaire

OSHA Respirator Medical Evaluation Questionnaire
Section 1910.134, Appendix C (Mandatory)

UNIVERSITY HEALTH SERVICES
Employee and Occupational Health
910 Madison Avenue, 9th floor, Memphis, TN 38163
Office: (901) 448-5630
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Date:_____ Name:_____ Title: _____

Height:_____ft. _____in. Weight:_____lbs. Birth date:_____

Phone number where you can be reached by the health care professional who review this questionnaire: _____-_____-_____

The best time to phone you at this number: AM PM

Has your employer told you how to contact the health care professional who will review this questionnaire: YES NO

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 face piece type, powered-air purifying, supplied air, self-contained breathing apparatus)

Have you worn a respirator: YES NO If yes, what type(s): _____

Part A

Yes	No	
		1. Do you **currently** smoke tobacco, or have you smoked tobacco in the last month?
		2. Have you **ever had** any of the following conditions?
		a. Seizures (fits)
		b. Diabetes (sugar disease)
		c. Allergic reactions that interfere with your breathing
		d. Claustrophobia (fear of closed-in places)
		e. Trouble smelling odors
		3. Have you **ever had** any of the following pulmonary or lung problems?
		a. Asbestosis
		b. Asthma
		c. Chronic bronchitis
		d. Emphysema
		e. Pneumonia
		f. Tuberculosis
		g. Silicosis
		h. Pneumothorax (collapsed lung)
		i. Lung cancer
		j. Broken ribs
		k. Any chest injuries or surgeries
		l. Any other lung problem that you've been told about
		4. Do you **currently** have any of the following symptoms of pulmonary or lung illness?
		a. Shortness of breath
		b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline
		c. Shortness of breath when walking with other people at an ordinary pace on level ground
		d. Have to stop for breath when walking at your own pace on level ground
		e. Shortness of breath when washing or dressing yourself
		f. Shortness of breath that interferes with your job
		g. Coughing that produces phlegm (thick sputum)
		h. Coughing that wakes you early in the morning
		i. Coughing that occurs mostly when you are lying down
		j. Coughing up blood in the last month
		k. Wheezing
		l. Wheezing that interferes with your job
		m. Chest pain when you breathe deeply

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

Part B:

1. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?:
   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

2. During the period you are using the respirator(s), is your work effort:
   Light (less than 200 kcal per hour): Yes No
   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.
   Moderate (200 to 350 kcal per hour): Yes No
   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.
   Heavy (above 350 kcal per hour): Yes No
   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.).

3. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator:
   Yes No
   If yes, describe this protective clothing and/or equipment:_____

4. Will you be working under hot conditions (temperature exceeding 77 degrees F): Yes No

5. Will you be working under humid conditions: Yes No

6. Describe the work you'll be doing while you're using your respirator(s):

   _____

   _____

Signature _____ Date _____

For UHS use only

Respirator type:_____ (i.e. N95, full face, half face respirator, PAPR)

☐ Approved ☐ Denied
☐ Approved with restrictions

Restriction/Remarks:

_____

_____

Signature _____ Date_____
University Health Provider

Signature _____ _____ Date _____
Fit Test Administrator