### Appendix B
OSHA Respirator Medical Evaluation Questionnaire

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

<table>
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<tr>
<th>Date:</th>
<th>Name:</th>
<th>Title:</th>
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Phone number where you can be reached by the healthcare professional who will review this questionnaire: __________

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

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

Check the type of respirator you will use (you can check more than one category):
- a. N95 or P respirator (filter mask, non-cartridge type only)
- b. Other type (e.g., 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**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes / No</th>
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<tbody>
<tr>
<td>1. Do you currently smoke tobacco, or have you smoked tobacco in the last month?</td>
<td></td>
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<tr>
<td>2. Have you ever had any of the following conditions?</td>
<td>a. Asthma</td>
</tr>
<tr>
<td>3. Do you currently have any of the following symptoms of pulmonary or lung illness?</td>
<td>a. Shortness of breath</td>
</tr>
<tr>
<td>4. If you've used a respirator, have you ever had any of the following problems?</td>
<td>a. Breathing or lung problems</td>
</tr>
<tr>
<td>5. If you've used a respirator, have you ever had any of the following problems?</td>
<td>a. Arthritis</td>
</tr>
<tr>
<td>6. If you've used a respirator, have you ever had any of the following problems?</td>
<td>a. Gastrointestinal disorders</td>
</tr>
<tr>
<td>7. If you've used a respirator, have you ever had any of the following problems?</td>
<td>a. Gastrointestinal disorders</td>
</tr>
<tr>
<td>8. If you've used a respirator, have you ever had any of the following problems?</td>
<td>a. Gastrointestinal disorders</td>
</tr>
<tr>
<td>9. Would you like to talk to the healthcare professional who will review this questionnaire about your answers to these questions?</td>
<td></td>
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</tbody>
</table>
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

______________________________
Fit Test Administrator

Signature __________________________ Date __________________________