

OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

Date: \_\_\_\_\_
Age: \_\_\_\_\_ Sex: \_\_\_\_\_
Name: \_\_\_\_\_
Employer Name: \_\_\_\_\_

Chart #: \_\_\_\_\_
SSN: \_\_\_\_\_
Job Title: \_\_\_\_\_

TO THE EMPLOYER

Answers to questions in Section 1, and to question 9 in section 2 of Part A, do not require medical examination. However, it does require that a Physician or Licensed Health Care Professional (PLHCP) review this questionnaire and answer any questions you may have concerning the questions asked in this questionnaire.

TO THE EMPLOYEE

Can you read? (Check √ One) [ ]Yes [ ]No

Your employer must allow you to answer this questionnaire during normal working, 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.

TO THE PHYSICIAN OR OTHER LICENSED HEALTH CARE PROFESSIONAL (PLHCP)

Review Part A Sections 1 and 2. When an employee answers YES to any of the questions in Section 2 and the questionnaire is not administered in conjunction with a physical examination, the employee needs to be considered for a follow-up physical examination with particular emphasis on those areas in which the employee answered YES. When an employee answers YES to any of the questions in Section 2 and this questionnaire is completed in conjunction with a physical examination, the physician will place particular emphasis upon those areas to which the employee answered YES. In either situation the PLHCP will complete the "PLHCP Written Statement" to both the employee and employer within 2 days.

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. Your height: \_\_\_\_\_ ft. \_\_\_\_\_ in.
2. Your weight: \_\_\_\_\_ lbs.
3. Your job title: \_\_\_\_\_
4. A phone number where you can be reached by the health care professional who will review this questionnaire (Include area code): \_\_\_\_\_
5. The best time to phone you at this number is: \_\_\_\_\_ am/\_\_\_\_\_ pm.
6. Has your employer told you how to contact the health care professional who will review this questionnaire? (Check √ One) [ ]Yes [ ]No
7. 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).
8. Have you worn a respirator (Check √ One) [ ]Yes [ ]No
If "Yes", what type(s): \_\_\_\_\_

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**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 check "Yes" or "No")**

1.  Yes  No **Do you currently smoke tobacco, or have you smoked tobacco in the last month?**

2.  Yes  No **Have you ever had any of the following conditions?**  
 Yes  No a. Seizures (fits)  
 Yes  No b. Diabetes (sugar diabetes)  
 Yes  No c. Allergic reactions that interfere with your breathing  
 Yes  No d. Claustrophobia (fear of closed-in-places)  
 Yes  No e. Trouble smelling odors

3.  Yes  No **Have you ever had any of the following pulmonary or lung problems?**  
 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 problem that you've been told about

4.  Yes  No **Do you currently have any of the following symptoms of pulmonary or lung disease?**  
 Yes  No a. Shortness of breath  
 Yes  No b. Shortness of breath when walking 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 (thick sputum)  
 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 breathe deeply  
 Yes  No n. Any other symptoms that you think may be related to lung problems

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5. **Have you ever had any of the following cardiovascular or heart problems?**

- Yes  No
- Yes  No
- Yes  No
- Yes  No
- Yes  No
- Yes  No
- Yes  No
- Yes  No

- a. Heart attack
- b. Stroke
- c. Angina
- d. Heart failure
- e. Swelling in your legs or feet (not caused by walking)
- f. Heart arrhythmia
- 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?**

- Yes  No
- Yes  No
- Yes  No
- Yes  No
- Yes  No
- Yes  No

- 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 might be related to heart or circulation problems

7. **Do you currently take medication for any of the following problems?**

- Yes  No
- Yes  No
- Yes  No
- Yes  No

- 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)**

- Yes  No
- Yes  No
- Yes  No
- Yes  No
- Yes  No

- a. Eye irritation
- b. Skin allergies or rashes
- c. Anxiety
- d. General weakness or fatigue
- e. Any other problems 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?**

- Yes  No

**Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these question is voluntary.**

10. **Have you ever lost vision in either eye (temporarily or permanently)**

- Yes  No

11. **Do you currently have any of the following vision problems?**

- Yes  No
- Yes  No
- Yes  No
- Yes  No
- Yes  No

- Wear contact lenses
- Wear glasses
- Color blind
- Any other eye or vision problems

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12.  Yes  No

**Have you ever had an injury to your ears, including a broken eardrum?**

13.  Yes  No  
 Yes  No  
 Yes  No

**Do you currently have any of the following hearing problems?**

- a. Difficulty hearing
- b. Wear a hearing aide
- c. Any other hearing or ear problems

14.  Yes  No

**Have you ever had a back injury?**

15.  Yes  No  
 Yes  No  
 Yes  No  
 Yes  No  
 Yes  No  
 Yes  No  
 Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

**Do you currently have any of the following musculoskeletal problems?**

- a. Weakness in any of your arms, hands, legs, or feet
- b. Back pain
- c. Difficulty fully moving your arms and legs
- d. Pain or stiffness when you lean forward or backward at the waist
- e. Difficulty fully moving your head up or down
- f. Difficulty fully moving your head side to side
- g. Difficulty bending at your knees
- h. Difficulty squatting to the ground
- i. Climbing a flight of stairs or a ladder carrying more than 25 lbs.
- j. Any other muscle or skeletal problem that interferes with using a respirator

**TO THE PLHCP**

**Check  the ONE that applies**

- I have reviewed Part A Section 2 of this questionnaire with the employee and I do not recommend that a physical examination be performed at this time.
- I have reviewed Part A Section 2 of this questionnaire with the employee and I am recommending that a physical examination be performed at this time.
- I have reviewed Part A Section 2 of this questionnaire without the employee and I do not recommend that a physical examination be performed at this time.
- I have reviewed Part A Section 2 of this questionnaire without the employee and I am recommending that a physical examination be performed at that time.

\_\_\_\_\_  
PLHCP Signature

\_\_\_\_\_  
Employee Signature (When Available)

\_\_\_\_\_  
Date

**TO BE FILED IN EMPLOYEE'S MEDICAL FILE**

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**PART B of this OSHA Questionnaire is discretionary. The health care professional who will be reviewing this questionnaire will determine if this part needs to be completed by the employee.**

**Part B (DISCRETIONARY)**

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.

1.  Yes  No **In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amount of oxygen?**  
If "Yes", do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you are working under these conditions?
2.  Yes  No **At work or at home. Have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g. gases, fumes, or solvents, hazardous airborne chemicals)?**

If "Yes", name the chemicals if you know them: \_\_\_\_\_

3. **Have you ever worked with any of the materials, or under any of the conditions, listed below:**

- Yes  No Asbestos  
 Yes  No Silica  
 Yes  No Tungsten/Cobalt (e.g. grinding or welding this material)  
 Yes  No Beryllium  
 Yes  No Aluminum  
 Yes  No Coal (for example; mining)  
 Yes  No Iron  
 Yes  No Tin  
 Yes  No Dusty environments  
 Yes  No Any other hazardous exposures

If "Yes", describe these exposures: \_\_\_\_\_

4. **List any second jobs or side businesses you have:** \_\_\_\_\_

5. **List any previous occupations:** \_\_\_\_\_

6. **List your current and previous hobbies:** \_\_\_\_\_

7.  Yes  No **Have you been in the military services?**  
If "Yes", were you exposed to biological or chemical agents (either in training or combat)  
 Yes  No

8.  Yes  No **Have you ever worked on a HAZMAT team?**

9.  Yes  No **Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in the questionnaire, are you taking any other medications for any reason (including over the counter medications)**

If "Yes", name the medications if you know them: \_\_\_\_\_

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

- Yes  No
- Yes  No
- Yes  No

- a. HEPA Filters
- b. Canisters (for example; gas masks)
- c. Cartridges

11. **How often are you expected to use the respirator(s) (check "yes" or "no" for all answers that apply to you)?**

- Yes  No
- Yes  No
- Yes  No
- Yes  No
- Yes  No
- Yes  No

- a. Escape only (no rescue)
- b. Emergency rescue only
- c. Less than 5 hours per week
- d. Less than 2 hours per week
- e. 2 to 4 hours per day
- f. Over 4 hours per day

12. **During the period you are using the respirator(s) , is your work effort:**

- Yes  No

- a. Light (less than 200kcal per hour)  
Examples of light work are sitting while writing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs) or controlling machines.

If "Yes", how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins.?

- Yes  No

- b. Moderate (200 to 350 kcal per hour)  
Examples of moderate work effort are sitting while nailing or filing; driving 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 (100 lbs.) on a level surface.

- Yes  No

- c. Heavy (above 350 kcal per hour)  
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 on a level surface about 2 mph or down a 5 - degree grade about 3 mph; or walking up an 8- degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.)

If "Yes", how long does this period last during the average shift \_\_\_\_\_ hrs. \_\_\_\_\_ mins.?

13. **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. \_\_\_\_\_

14. **Will you be working under hot conditions (temperature exceeding 77 deg. F.)?**

- Yes  No

15. **Will you be working under humid conditions?**

- Yes  No

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

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1. **Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):** \_\_\_\_\_  
\_\_\_\_\_
  
2. **Provide the following information, if you now it, for each toxic substance that you'll be exposed to when you're using your respirator.**  
Name of first toxic substance: \_\_\_\_\_  
Estimated maximum exposure per shift: \_\_\_\_\_  
Duration of exposure per shift: \_\_\_\_\_  
Name of second toxic substance: \_\_\_\_\_  
Estimated maximum exposure per shift: \_\_\_\_\_  
Duration of exposure per shift: \_\_\_\_\_  
Name of third toxic substance: \_\_\_\_\_  
Estimated maximum exposure per shift: \_\_\_\_\_  
Duration of exposure per shift: \_\_\_\_\_  
Name of any other toxic substances that you'll be exposed to while using your respirator(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. **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):** \_\_\_\_\_  
\_\_\_\_\_

**Appendix D to Section 1910.134 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard**

Respirators are an effective method of protection against hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide additional level of comfort and so that the respirator itself does not represent a hazard. However, if the respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposure to hazards, even if the amount of hazardous substances does not exceed the limits set forth by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not represent a hazard

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminants of concern. NIOSH, the National Institute for Occupational Safety and Health and the U.S Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, fumes, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.