

Appendix A

**Appendix A - Sample Medical Questionnaire - taken from:
Sec. 1910.134 - Appendix C: OSHA Respirator Medical Evaluation Questionnaire**

Instructions: Please complete this form BEFORE your Respirator Fit Test and return to:

_____ {fill in the blanks}

If you wish to speak to the health care professional who will review this questionnaire, contact: _____ {fill in the blank} _____

Can you read? (circle one): Yes No

Part A. Section 1. The following information must be provided by every employee who has been selected to use any type of respirator. (Please print)

Your name: _____ Date ____/____/____
 Your age (to nearest year): _____ Sex (circle one): Male/Female
 Your height: _____ ft. _____ in. Your weight: _____ lbs.
 Your job title: _____
 Phone number at work: _____ Best time to call: _____
 Have you worn a respirator (circle one): Yes/No
 If "yes," what type(s)? : _____

Part A. Section 2. (Mandatory) Questions 1 through 9 must be answered by every employee selected to use a respirator. Please check "YES" or "NO" for each question.

Questions		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?		YES	NO
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?		YES	NO
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:		YES	NO
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		
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?		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 (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?		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 may be related to heart or circulation problems		
7. Do you currently take medication for any of the following problems?		YES	NO
a.	Breathing or lung problems		
b.	Heart trouble		
c.	Blood pressure		
d.	Seizures (fits)		
8. Have you ever used a respirator? IF NO, go to question 9. If you HAVE used a respirator, have you ever had any of the following problems?		YES	NO
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 a health care professional about your answers to this questionnaire?			

Questions 10 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 employees who have been selected to use other types of respirators, answering these questions is voluntary.

Questions	YES	NO
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
a. Wear contact lenses?		
b. Wear glasses?		
c. Color blind?		
d. Any other eye or vision problems?		
12. Have you ever had an injury to your ears, including a broken ear drum?	YES	NO
13. Do you currently have any of the following hearing problems?		
a. Difficulty hearing?		
b. Wear a hearing aid?		
c. Any other hearing or ear problems?		
14. Have you ever had a back injury	YES	NO
15. Do you currently have any of the following musculoskeletal problems?	YES	NO
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		

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.

Questions	YES	NO
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?	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
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	YES	NO
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
a. Asbestos		
b. Silica (e.g., in sandblasting):		

standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with heavy load (about 100 lbs) on a level surface.			
c.	Heavy (above 350 kcal per hour)	YES	NO
If "yes," how long does this period last during the average work 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.).			
13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you are using your respirator		YES	NO
If "yes," describe this protective clothing and equipment:			
14. Will you be working under hot conditions (temperatures 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 are using your respirator.			
17. Describe any special or hazardous conditions you might encounter when you are using your respirator (for example, confined space, life-threatening gasses):			
18. Provide the following information, if you know it, for each toxic substance that you will be exposed to when you are using your respirator			
Name of first toxic substance:			
Estimated maximum exposure level per shift:			
Duration of exposure per shift:			
Name of second toxic substance:			
Estimated maximum exposure level per shift:			
Duration of exposure per shift:			
Name of third toxic substance:			
Estimated maximum exposure level per shift:			
Duration of exposure per shift:			
The name of any other toxic substances that you will be exposed to while using your respirator:			
19. Describe any special responsibilities you will have while using your respirator(s) that may affect the safety and well being of others (for example, rescue, security):			