OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

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. 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? (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.

TO THE PHYSICIAN OF 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’s 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? (circle 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 (circle one): Yes No
   If “Yes”, what type(s): __________________________

TO BE FILED IN EMPLOYEE’S MEDICAL FILE
# OSHA Respirator Medical Evaluation Questionnaire

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

## 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").

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

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 questions is voluntary.

10. Have you ever lost vision in either eye (temporarily or permanently)
    - a. Wear contact lenses
    - b. Wear glasses
    - c. Color blindness
    - d. Any other eye or vision problems
12. Yes No Have you ever had an injury to your ears, including a broken ear drum?

13. Do you currently have any of the following hearing problems?
   Yes No a. Difficulty hearing
   Yes No b. Wear a hearing aide
   Yes No c. Any other hearing or ear problems

14. Yes No Have you ever had a back injury?

15. Do you currently have any of the following musculoskeletal problems?
   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 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.

☐ I have reviewed Part A Section 2 of this questionnaire with the employee and I am recommending that a physical examination be performed.

☐ I have reviewed Part A section 2 of this questionnaire without the employee and I do not recommend that a physical examination be performed.

☐ I have reviewed Part A Section 2 of this question without the employee and I am recommending that a physical examination be performed.

PLHCP Signature

Employee Signature
(When Available)

Date

TO BE FILED IN EMPLOYEE'S MEDICAL FILE
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 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 are working under these conditions?

2. **Yes** No At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (for example: gases, fumes, or solvents)?
   *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 Asbestos
   *Yes* No Silica (for example: sandblasting)
   *Yes* No Tungsten/Cobalt (for example: 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 your 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 this questionnaire, are you taking any other medications for any reason (including over the counter medications)?
   If “Yes”, name the medications if you know them: ____________________________________________
10. Will you be using any of the following items with your respirator:
   Yes No a. HEPA Filters
   Yes No b. Canisters (for example; gas masks)
   Yes No c. Cartridges

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)
   Yes No a. Escape only (no rescue)
   Yes No b. Emergency Rescue only
   Yes No c. Less than 5 hours per week
   Yes No d. Less then 2 hours per day
   Yes No e. 2 to 4 hours per day
   Yes No 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 200 kcal 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 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.
   If “Yes”, how long does this period last during the average shift: _______ hrs. ________ mins.
   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 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. Yes No Will you be wearing protective clothing and/or equipment (other than the respirator) when
   you’re using your respirator.
   If "Yes", describe this protective clothing and/or equipment

14. Yes No Will you be working under hot conditions (temperature exceeding 77 deg. F)

15. Yes No Will you be working under humid conditions

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 spaces, life-threatening gases):

TO BE FILED IN EMPLOYEE’S MEDICAL FILE
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:

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):

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):

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 designated 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 protection for workers. However, if a 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 exposures to hazards, even if the amount of hazardous substance does not exceed the limits set 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 respirator limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of 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.