University of Alabama

Respirator Medical Evaluation Questionnaire

To the employee: Can you read? (Circle one): Yes/No

Your employer must allow you to answer this questionnaire during normal work hours, or at a time and place that is convenient to you.

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).

Name: ________________________________________ Date: ____________________

Phone #: (____) ______________ the best time to reach you at this number: __________

Age (to nearest year): ___________ Sex: Male?  Female? Height: ______  Weight: ____

1. If you need to contact the health care professional who will review this questionnaire contact EHS (348-5905).
2. Have you worn a respirator? (circle one)  Yes/ No
   If yes, what type?

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 indicate yes or no).

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

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

3. Have you ever had any of the following pulmonary or lung problems?
   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 problems that you have been told about __ Yes __ No

4. Do you currently have any of the following symptoms of pulmonary or lung illness?
   a) Shortness of breath __ Yes __ No
   b) Shortness of breath when walking fast on level ground or walking up a slight incline __ Yes __ No
   c) Shortness of breath when walking at an ordinary pace with other people on level ground __ Yes __ No
d) Stop for breath when walking at normal 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 __ Yes __ No
h) Coughing that wakes you early in morning __ Yes __ No
i) Coughing that occurs mostly when you are laying 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 __ Yes __ No

5. Have you ever had any of the following cardiovascular, heart problems or symptoms?
   a) Heart attack __ Yes __ No
   b) Stroke __ Yes __ No
c) Angina __ Yes __ No
d) Heart failure __ Yes __ No
e) Swelling in your legs and feet (not from walking) __ Yes __ No
f) Heart beating irregularly __ Yes __ No
g) High blood pressure __ Yes __ No
h) Any other heart problem that you have been told about __ Yes __ No
i) Frequent pain or tightness in chest __ Yes __ No
j) Pain or tightness in chest during physical activity __ Yes __ No
k) Pain or tightness in your chest that interferes with your job __ Yes __ No
l) In the past 2 years, have you noticed you heart skipping a beat __ Yes __ No
m) Heartburn or indigestion not related to eating __ Yes __ No
n) Any other symptoms that you think may be related to heart or circulation problems __ Yes __ No

6. Do you currently take medication for any of the following problems?
   a) Breathing or lung problems __ Yes __ No
   b) Heart trouble __ Yes __ No
c) Blood pressure __ Yes __ No
d) Seizures __ Yes __ No
If yes, name the medications if you know them: __________________________________________
________________________________________

7. If you’ve used a respirator, have you ever had any of the following problems?
   * Never used a respirator____
     a) Eye irritation __ Yes __ No
     b) Skin allergies or rashes __ Yes __ No
     c) Anxiety __ Yes __ No
     d) General weakness or fatigue __ Yes __ No
     e) Any other problems that interferes with your use of a respirator __ Yes __ No

8. Would you like to talk to the health care professional who will review this questionnaire? __ Yes __ No

ASSESSMENT- TO BE COMPLETED BY A NURSE OR PHYSICIAN

___ Employee is cleared to perform job duties with use of a respirator

___ Employee needs an evaluation by a physician

___ Other recommendations;________________________________________

It should be noted that medical qualification for respirator use is dependent upon proper fit testing and instruction regarding use and maintenance of respiratory equipment.

___________________________________________         __________________
Nurse or Physician signature     Date
Qualitative Respiratory Fit Test

Name(Print)______________________________________________Date ______________________________

UA Employee _______Student_______Location___________Time_______________________________

Job Title_____________________________Department_____________________________________________

Type of Training: On Line_______Classroom_________

Evaluation: Annual Physical _____Annual Questionnaire_____ EHS Questionnaire_____

Evaluation Results _______________________________________________________________________

Fit Test Protocol: Saccharin _____ Irritant Smoke _____ Other ____

Respirator Fitted _______________________________ Size_______________________________

Cartridges Issued _______________________________________________________________________

Signing this training form acknowledges that the undersigned individual has successfully completed and understands the proper fit, usage and maintenance of the assigned respirator. In addition, they acknowledge that they will need annual fit testing and training

Signature________________________________________________________________________________