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
4. Do you currently have any of the following symptoms of pulmonary or lung illness?
   a) Shortness of breath  
   b) Shortness of breath when walking fast on level ground or walking up a slight incline  
   c) Shortness of breath when walking at an ordinary pace with other people on level ground  
   d) Stop for breath when walking at normal 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  
   h) Coughing that wakes you early in morning  
   i) Coughing that occurs mostly when you are laying 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, heart problems or symptoms?
   a) Heart attack  
   b) Stroke  
   c) Angina  
   d) heart failure  
   e) Swelling in your legs and feet (not from walking)  
   f) Heart beating irregularly  
   g) High blood pressure  
   h) Any other heart problem that you have been told about  
   i) frequent pain or tightness in chest  
   j) Pain or tightness in chest during physical activity  
   k) Pain or tightness in your chest that interferes with your job  
   l) In the past 2 years, have you noticed you heart skipping a beat  
   m) Heartburn or indigestion not related to eating  
   n) Any other symptoms that you think may be related to heart or circulation problems

6. Do you currently take medication for any of the following problems?
   a) Breathing or lung problems  
   b) Heart trouble  
   c) Blood pressure
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