

University of Alabama

Respirator Medical Evaluation Questionnaire

To the employee: Can you read? 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? 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 any 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 have 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