

## Respirator Medical Evaluation Questionnaire

Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

|  |  |   |        |
|--|--|---|--------|
| To the employee: Can you read?   |  | YES   | NO     |
| <p><b>Your supervisor at Montana Tech 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 supervisor or other employees of Montana Tech must not look at or review your answers, and your supervisor must tell you how to deliver or send this questionnaire to the health care professional who will review.</b></p> |  |   |        |
| <p><b>Part A. Section 1.</b><br/> <i>The following information must be provided by every employee who has been selected to use any type of respirator.</i></p>   |  |   |        |
| 1. Name:   |  | 2. Today's date:  |        |
| 3. Age (to nearest year):  |  | 4. Sex: MALE  | FEMALE |
| 5. Height: ft. in.   |  | 6. Weight:  |        |
| 7. Job title:  |  | 8. Phone number where you can be reached by the health care professional who reviews this questionnaire:              |        |
| 9. Best time to reach you:   |  | 10. Has your employer told you how to contact the health care professional who will review this questionnaire? YES NO |        |
| <p>11. Check the type of respirator you will use (you can check more than one category)</p> <p>Disposable respirator (filter-mask, non-cartridge type)<br/>         Half or full-face air purifying<br/>         Powered air purifying, SCBA, supplied air</p>   |  |   |        |
| 12. Have you worn a respirator?<br>YES NO  |  | 13. If yes, what type(s)?   |        |

|   |     |    |
|---|-----|----|
| <p><b>Part A. Section 2.</b><br/> <i>Questions 1-9 below must be answered by every employee who has been selected to use any type of respirator. Please check "YES" or "NO". If you answer yes to any of these questions, use the space at the end of the questionnaire to explain.</i></p> |     |    |
|   | YES | NO |
| 1. Do you smoke tobacco or have you smoked tobacco in the last month?   |     |    |
| 2. Have you ever had any of the following conditions  |     |    |
| a) Seizures   |     |    |
| b) Diabetes   |     |    |
| c) Allergic reactions that interfere with your breathing  |     |    |
| d) Claustrophobia   |     |    |
| e) Trouble smelling odors   |     |    |

|   |  | YES | NO |
|---|--|-----|----|
| 3. Have you ever had any of the following pulmonary or lung problems?                           |  |     |    |
| a) Asbestosis   |  |     |    |
| b) Asthma   |  |     |    |
| c) Chronic bronchitis   |  |     |    |
| d) Pneumonia  |  |     |    |
| e) Tuberculosis   |  |     |    |
| f) Silicosis  |  |     |    |
| g) Pneumothorax (collapsed lung)  |  |     |    |
| h) Lung cancer  |  |     |    |
| i) Broken ribs  |  |     |    |
| j) Any chest injuries or surgeries  |  |     |    |
| k) 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?            |  |     |    |
| 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?                     |  |     |    |
| a) Heart attack   |  |     |    |
| b) Stroke   |  |     |    |
| c) Angina   |  |     |    |
| d) Heart failure  |  |     |    |
| e) Swelling in your legs or feet (not caused by walking)  |  |     |    |
| f) Heart arrhythmia (irregular heart beat)  |  |     |    |
| g) High blood pressure  |  |     |    |
| h) Any other heart problems   |  |     |    |
| 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) Other problems that may be related to heart or circulation problems                          |  |     |    |

|  | YES | NO |
|--|-----|----|
| 7. Do you currently take any medication for any of the following problems?   |     |    |
| a) Breathing or lung problems  |     |    |
| b) Heart trouble   |     |    |
| c) Blood pressure  |     |    |
| d) Seizures  |     |    |
| 8. If you've used a respirator, have you ever had any of the following problems?<br>(If you've never used a respirator, go to question 9.) |     |    |
| a) Eye irritation  |     |    |
| b) Skin allergies or rashes  |     |    |
| c) Anxiety   |     |    |
| d) General weakness or fatigue   |     |    |
| e) Any other problems that interferes with use of your respirator  |     |    |
| 9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?     |     |    |

**Questions 10-15 below must be answered by every employee who has been selected to use either a full-face respirator or a self-containing breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.**

|   | YES | NO |
|---|-----|----|
| 10. Have you ever lost vision in either eye (temporarily or permanently)?       |     |    |
| 11. Do you currently have any of the following vision problems?                 |     |    |
| 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?      |     |    |
| 13. Do you 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?  |     |    |
| 15. Do you have any of the following musculoskeletal problems?                  |     |    |
| a) Weakness in any of your arms, hands, legs, or feet                           |     |    |
| b) Back pain  |     |    |
| c) Difficulty fully moving your arms, hands, legs, or feet                      |     |    |
| 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) Difficulty 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. Must be completed by all employees. If you answer yes to any of these questions, use the space at the end of the question to explain.**

|   | 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?<br>a) 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? |     |    |
| 2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g. gasses, fumes, or dust), or have you come into skin contact with hazardous chemicals?<br>• If "YES" name the chemicals if you know them _____   |     |    |
| 3. Have you ever worked with any of the materials or any of the conditions listed below?  |     |    |
| a) Asbestos   |     |    |
| b) Silica (e.g. in sandblasting)  |     |    |
| c) Tungsten/cobalt (e.g. grinding or welding this material)   |     |    |
| d) Beryllium  |     |    |
| e) Aluminum   |     |    |
| f) Coal   |     |    |
| g) Iron   |     |    |
| h) Tin  |     |    |
| i) Dusty environments   |     |    |
| j) 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. Have you been in the military services?  |     |    |
| • If "YES" were you exposed to biological or chemical agents (either in training or combat)?  |     |    |
| 8. Have you ever worked on a HAZMAT team?   |     |    |
| 9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier, are you taking any other medicines for any reason, including over-the-counter medications?<br>• If yes name the medications if you know them:                             |     |    |
| 10. Will you be using any of the following items with your respirator?  |     |    |
| a) HEPA filters   |     |    |
| b) Canisters (for example, gas mask)  |     |    |
| c) Cartridges   |     |    |

|  | YES | NO |
|--|-----|----|
| 11. How often are you expected to use the respirator(s)? Check YES or NO for all answers   |     |    |
| a) Escape only (no rescue)   |     |    |
| b) Emergency rescue  |     |    |
| c) Less than 5 hours per week  |     |    |
| d) Less than 2 hours per week  |     |    |
| e) 2 to 4 hours per day  |     |    |
| f) Over 4 hours a day  |     |    |
| 12. During the period you are using the respirator, is your work effort:   |     |    |
| a) Light (example: sitting while writing or performing light assembly work, or standing while operating a drill press.)  |     |    |
| • If "YES" how long during an average shift? ____ hrs ____ mins  |     |    |
| b) Moderate (example: sitting while nailing, standing while drilling, walking on a level surface, pushing a wheelbarrow with a heavy load (100 lbs))                                 |     |    |
| • If "YES" how long during an average shift? ____ hrs ____ mins  |     |    |
| c) Heavy (example: lifting a heavy load (50 lbs) from floor to waist or shoulder, shoveling, walking up 8-degree grade, climbing stairs with a heavy load)                           |     |    |
| • If "YES" how long during an average shift? ____ hrs ____ mins  |     |    |
| 13. Will you be wearing personal protective clothing and/or equipment (other than respirator) when you're using your respirator?   |     |    |
| • If "YES" describe the protective clothing or equipment:  |     |    |
| 14. Will you be working under hot conditions (>77 F)?  |     |    |
| 15. Will you be working under humid conditions?  |     |    |
| 16. Describe the work you'll be doing while you're using your respirator:  |     |    |
| 17. Describe any special or hazardous conditions you might encounter when you're using your respirator, for example, confined spaces, life-threatening gases:                        |     |    |
| 18. Provide the following information, if you know it, for each toxic substance you'll be exposed to when you're using your respirator:  |     |    |
| <ul style="list-style-type: none"> <li>Name of toxic substance 1: _____</li> <li>Estimated exposure level per shift: _____</li> <li>Duration of exposure per shift: _____</li> </ul> |     |    |
| <ul style="list-style-type: none"> <li>Name of toxic substance 2: _____</li> <li>Estimated exposure level per shift: _____</li> <li>Duration of exposure per shift: _____</li> </ul> |     |    |

19. Describe any special responsibilities you'll have while using your respirator that may affect the safety and well-being of others (for example rescue or security)

20. Please use the following space to make comments for any "YES" answers that need further explaining. Refer to the Section, Part, and Question number.