APPENDIX D Respirator Medical Evaluation This questionnaire is used in determining whether or not you have a medical condition that may affect your ability to safely wear a respirator. We anticipate being able to approve most people for respirator use based on this questionnaire alone. In some cases we may ask for more information or additional medical testing/evaluation. Fit testing is also required and is done separately. All medical information is considered confidential.

All Information Must Be Completed For Respirator Approval

Name:	**Age:**	**M #**
Department:	**Work Phone:**	**Today's Date**

1) When using a respirator, work is: a) ☐ Light b) ☐ Moderate c) ☐ Heavy	**2) Shifts per week respirator is worn:** a) ☐ Less than 1 b) ☐ 1-4 c) ☐ Almost every shift	**Length of time respirator is worn during shift:** a) ☐ Less than 1 hour b) ☐ 1-5 hours c) ☐ 5-12 hours

Medical History

Has a doctor ever told you that you had the following ?

	Yes	No		Yes	No
1. Angina			7. Lung Disease		
2. Heart Attack			8. Emphysema		
3. Heart Disease			9. Asthma		
4. Epilepsy or Seizures			10. Are you allergic to natural latex?		
5. High Blood Pressure			11. Smoking History a) ☐ Smoker		
6. Diabetes treated with insulin			b) ☐ Ex-Smoker c) ☐ Never Smoked		

Explain "yes" answers by number

12. Are you currently taking any medications? Please list

Review of Systems

	Yes	No
13. Are you short of breath at rest?		
14. Do you get short of breath when walking ?		
15. Do you get short of breath at work?		
16. Do you get chest pain with certain activities?		
17. Do you get chest pain at work?		
18. Do you have medical problems that might interfere with respirator use?		
19. Have you ever had problems wearing a respirator?		

20. Current level of activity/exercise Work/ ☐ Sedentary ☐ Non-Sedentary
Do you exercise ? ☐ Yes ☐ No How Often ?

Explain "yes" answers by number

Employee Signature

Date:

Medical Department Use Only

☐ Approved ☐ Approved With Restrictions ☐ Denied ☐ More Information Needed (Specify)

Restrictions Remarks

Physicians Signature **Date:**