Regional One Health

Medical Questionnaire for Respiratory Protection Program

Program Administrator Instructions:

- Coordinate the approved medical questionnaire and the record of training to the fit tester for Fit Test session.
- Information is to be held strictly confidential and used for fit test purposes.
- Retain all Fit Test records as per OSHA 1910.134.
- Forward copy of Fit Test records of tested students to Occupational Health.

Employee Instructions:

- Review the information in this questionnaire and any additional training provided to you by the organization.
- Follow-up evaluation is required for any positive response to questions 1 - 8 in Part 2. This may include phone consultations to evaluate positive responses, medical tests, etc.

Part 1 - Employee Background Information

1. Name: _____
2. Age: _____
3. Sex: □ Male □ Female
4. Height: _____ ft _____ in
5. Weight: _____ lbs
6. Employee Number: _____
7. Phone Number (including area code): _____
8. Best time to call at above number: □ Morning □ Afternoon □ Evening
9. Do you know how to contact the healthcare professional who will review this questionnaire? □ Yes □ No
10. Circle the type of respirator(s) you will be using:
    a. N95 filtering face piece respirator
    b. Half mask
    c. Full face piece mask
    d. Helmet hood Escape
    e. Non-powdered cartridge or canister Powered air-purifying cartridge respirator (PAPR)
    f. Supplied –air or Air-line
    g. Self-contained breathing apparatus (SCBA): Demand or Pressure demand
    h. Have you previously worn a respirator? □ Yes □ No
11. If Yes, describe the type of respirator(s) worn?

    _____

Part 2 – Medical Fit Test Questionnaire

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month? □ Yes □ No
2. Have you ever had any of the following conditions?
    a. Seizures (fits) □ Yes □ No
    b. Diabetes (sugar disease) □ Yes □ No
    c. Allergic reactions that interfere with your breathing □ Yes □ No
    d. Claustrophobia □ Yes □ No
    e. Trouble smelling odors □ Yes □ No

Regional One Health

Medical Questionnaire for Respiratory Protection Program

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 (SOB) □ Yes □ No
    b. SOB when walking fast on level ground/up slight hill or incline □ Yes □ No
    c. SOB when walking with others at ordinary pace on level ground □ Yes □ No
    d. Have to stop for breath when walking at your pace on level ground □ Yes □ No
    e. SOB when washing or dressing yourself □ Yes □ No
    f. SOB that interferes with your job performance □ Yes □ No
    g. Coughing that produces phlegm (thick sputum) □ Yes □ No
    h. Coughing that wakes you early in the morning □ Yes □ No
    i. Coughing that occurs mostly when your are lying down □ Yes □ No
    j. Coughing up blood in the mouth □ Yes □ No
    k. Wheezing □ Yes □ No
    l. Wheezing that interferes with your job performance □ 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 or heart problems?
    a. Heart attack □ Yes □ No
    b. Stroke □ Yes □ No
    c. Angina (chest pain) □ Yes □ No
    d. Heart failure □ Yes □ No
    e. Swelling in your legs or feet (not caused by walking) □ Yes □ No
    f. Heart arrhythmia (irregular heart beat) □ Yes □ No
    g. High blood pressure □ Yes □ No
    h. Any other heart problem that you may have been told about □ Yes □ No

Regional One Health

Medical Questionnaire for Respiratory Protection Program

6. Have you ever had any of the following cardiovascular or heart symptoms?
    a. Frequent pain or tightness in your chest □ Yes □ No
    b. Pain or tightness in your chest during physical activity □ Yes □ No
    c. Pain or tightness in your chest that interferes with job performance □ Yes □ No
    d. In the past 2 years, have you noticed your heart missing/skipping beats □ Yes □ No
    e. Heartburn or indigestion that isn't related to eating □ Yes □ No
    f. Any other symptoms that you think may be related to heart problems □ Yes □ No
7. Do you currently take medication(s) for any of the following problems?
    a. Breathing or lung problems □ Yes □ No
    b. Heart problems □ Yes □ No
    c. Blood pressure □ Yes □ No
    d. Seizures (fits) □ Yes □ No
8. If you have used a respirator, have you ever had any of the following problems while wearing a respirator? If you have never used a respirator, skip to question 9.
    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 problem that interferes with your use of a respirator □ Yes □ No
9. Would you like to talk to the Medical Director regarding your questionnaire? □ Yes □ No

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Employee Signature _____ Date _____

Program Medical Director Approval _____ Date _____