OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

Date:_______________________________  Chart #:_____________________________

Age:______ Sex:__________   SSN:________________________________

Name:______________________________   ID #______________ Job Title:___________________

Employer Name:_____________________  Department:_________________________

TO THE EMPLOYER
Answer to questions in Section 1, and to question 9 in section 2 of part A, do not require a medical
examination. However, it does require that a Physician or Licensed Health Care Professional (PLHCP)
review this questionnaire and answer any questions you may have concerning the questionnaire.

TO THE EMPLOYEE
Can you read? (circle one)       Yes    No
Your employer 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 employer or supervisor must not
look at or review your answers, and your employer must tell you how to deliver or send this questionnaire
to the health care professional who will review it.

TO THE PHYSICIAN OF OTHER LICENSED HEALTH CARE PROFESSIONAL (PLHCP)
Review Part A Sections 1 and 2. When an employee answers YES to any of the questions in Section 2 and
the questionnaire is not administered in conjunction with a physical examination, the employee needs to be
considered for a follow-up physical examination with particular emphasis on those areas in which the
employee answered YES. When an employee answers YES to any of the questions in Section 2 and this
questionnaire is completed in conjunction with a physical examination, the physician will place a particular
emphasis upon those areas to which the employee answered YES. In either situation the PLHCP will
complete the “PLHCP’s Written Statement” to both the employee and the employer within 2 days.

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).

1. Your height:_________ ft.  _________ in.
2. Your weight:________lbs.
3. Your job title:____________________________________________
4. A phone number where you can be reached by the health care professional who will review this
questionnaire (include area code):______________________________________________
5. The best time to phone you at this number is:________am/________pm.
6. Has your employer told you how to contact the health care professional who will review this
questionnaire? (circle one) Yes  No
7. Check the type of respirator you will use (you can check more than one category):
   a.______ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
   b.______ Other type ( for example, half – or full-facepiece type, powered – air purifying, supplied
      – air, self-contained breathing apparatus).
8. Have you worn a respirator (circle one):  Yes  No
    If “Yes”, what type(s):____________________________________________________

1 of 7
OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

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 circle “Yes” or “No”).

1. Yes No  Do you currently smoke tobacco, or have you smoked tobacco in the last month?

2. Yes No  Have you ever had any of the following conditions?
   a. Seizures (fits)
   b. Diabetes (sugar disease)
   c. Allergic reactions that interfere with your breathing
   d. Claustrophobia (fear of closed-in places)
   e. Trouble smelling odors

3. Yes No  Have you ever had any of the following pulmonary or lung problems?
   a. Asbestosis
   b. Asthma
   c. Chronic bronchitis
   d. Emphysema
   e. Pneumonia
   f. Tuberculosis
   g. Silicosis
   h. Pneumothorax (collapsed lung)
   i. Lung cancer
   j. Broken ribs
   k. Any chest injuries or surgeries
   l. Any other lung problem that you’ve been told about

4. Yes No  Do you currently have any of the following symptoms of pulmonary or lung disease?
   a. Shortness of breath
   b. Shortness of breath when walking 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
   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 mostly occurs 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
OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

5. Have you ever had any of the following cardiovascular or heart problems?
   Yes No  
   a. Heart attack
   Yes No  
   b. Stroke
   Yes No  
   c. Angina
   Yes No  
   d. Heart failure
   Yes No  
   e. Swelling in your legs or feet (not caused by walking)
   Yes No  
   f. Heart arrhythmia
   Yes No  
   g. High blood pressure
   Yes No  
   h. Any other heart problems that you’ve been told about

6. Have you ever had any of the following cardiovascular or heart symptoms?
   Yes No  
   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 your job
   Yes No  
   d. In the past two years, have you noticed your heart skipping or missing a beat
   Yes No  
   e. Heartburn or indigestion that is not related to eating
   Yes No  
   f. Any other symptoms that you think might be related to heart or circulation problems

7. Do you currently take medication for any of the following problems?
   Yes No  
   a. Breathing or lung problems
   Yes No  
   b. Heart trouble
   Yes No  
   c. Blood pressure
   Yes No  
   d. Seizures (fits)

8. If you’ve used a respirator, have you ever had any of the following problems? (If you’ve never used a respirator, check the following space ____ and go to question 9)
   Yes No  
   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

9. Yes No  
   Would you like to talk to the health care professional who will review this questionnaire about your answers to this question?

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

10. Yes No  
    Have you ever lost vision in either eye (temporarily or permanently)

11. Yes No  
    Do you currently have any of the following vision problems?
    Yes No  
    a. Wear contact lenses
    Yes No  
    b. Wear glasses
    Yes No  
    c. Color blindness
    Yes No  
    d. Any other eye or vision problems
OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

12. Yes No Have you ever had an injury to your ears, including a broken ear drum?

13. Do you currently have any of the following hearing problems?
   - Yes No a. Difficulty hearing
   - Yes No b. Wear a hearing aide
   - Yes No c. Any other hearing or ear problems

14. Yes No Have you ever had a back injury?

15. Yes No Do you currently have any of the following musculoskeletal problems?
   - Yes No a. Weakness in any of your arms, hands, legs, or feet
   - Yes No b. Back Pain
   - Yes No c. Difficulty fully moving your arms and legs
   - Yes No d. Pain or stiffness when you lean forward or backward at the waist
   - Yes No e. Difficulty fully moving your head up or down
   - Yes No f. Difficulty fully moving your head side to side
   - Yes No g. Difficulty bending at your knees
   - Yes No h. Difficulty squatting to the ground
   - Yes No i. Climbing a flight of stairs or a ladder carrying more than 25lbs.
   - Yes No j. Any other muscle or skeletal problem that interferes with using a respirator

TO THE PLHCP

Check ✓ the ONE that applies

☐ I have reviewed Part A Section 2 of this questionnaire with the employee and I do not recommend that a physical examination be performed.
☐ I have reviewed Part A Section 2 of this questionnaire with the employee and I am recommending that a physical examination be performed.
☐ I have reviewed Part A section 2 of this questionnaire without the employee and I do not recommend that a physical examination be performed.
☐ I have reviewed Part A Section 2 of this question without the employee and I am recommending that a physical examination be performed.

____________________________    _________________________________
PLHCP Signature     Employee Signature
(When Available)
__________________________
Date

4 of 7
OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

PART B of this question OSHA Questionnaire is discretionary. The health care professional who will be reviewing this questionnaire will determine if this part needs to be completed by the employee.

Part B  (DISCRETIONARY)

Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. Yes No  
   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?
   Yes No  
   If “Yes”, do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you are working under these conditions?

2. Yes No  
   At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (for example: gases, fumes, or solvents)?
   If “Yes”, name the chemicals if you know them:_______________________________________
   _______________________________________________________________________________

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:
   Yes No  
   Asbestos
   Yes No  
   Silica (for example: sandblasting)
   Yes No  
   Tungsten/Cobalt (for example: grinding or welding this material)
   Yes No  
   Beryllium
   Yes No  
   Aluminum
   Yes No  
   Coal (for example; mining)
   Yes No  
   Iron
   Yes No  
   Tin
   Yes No  
   Dusty Environments
   Yes No  
   Any other hazardous exposures
   If “Yes”, describe these exposures:____________________________________________________
   __________________________________________________________________________________

4. List any second jobs or side business you have:__________________________________________
   __________________________________________________________________________________

5. List your previous occupations:__________________________________________________________
   _____________________________________________________________________________________

6. List your current and previous hobbies:___________________________________________________
   _____________________________________________________________________________________

7. Yes No  
   Have you been in the military services?
   If “Yes”, were you exposed to biological or chemical agents (either in training or combat)
   Yes No

8. Yes No  
   Have you ever worked on a HAZMAT team?

9. Yes No  
   Other than medication for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over the counter medications)
   If “Yes”, name the medications if you know them:___________________________________________
   ____________________________________________________________________________________

5 of 7
10. Will you be using any of the following items with your respirator:
   - a. HEPA Filters
   - b. Canisters (for example; gas masks)
   - c. Cartridges

11. How often are you expected to use the respirator(s) (circle “yes” or “no” for all answers that apply to you)
   - a. Escape only (no rescue)
   - b. Emergency Rescue only
   - c. Less than 5 hours per week
   - d. Less than 2 hours per day
   - e. 2 to 4 hours per day
   - f. Over 4 hours per day

12. During the period you are using the respirator(s), is your work effort:
   - a. Light (less than 200kcal per hour)
     Examples of light work are sitting while writing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.
     If “Yes”, how long does this period last during the average shift: _____ hrs. ____ mins.
   - b. Moderate (200 to 350 kcal per hour)
     Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2mp or down a 5 – degree grade about 3mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.
     If “Yes”, how long does this period last during the average shift:______ hrs _______ mins.
   - c. Heavy (above 350 kcal per hour)
     Examples of heavy work are lifting heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2mph; climbing stairs with a heavy load (about 50 lbs.)
     If “Yes”, how long does this period last during the average shift _____hrs. ____mins.

13. Will you be wearing protective clothing and/or equipment (other than the Respirator) when you’re using your respirator.
   If “Yes”, describe this protective clothing and/or equipment

14. Will you be working under hot conditions (temperature exceeding 77 deg. F)

15. Will you be working under humid conditions?

16. Describe the work you’ll be doing while you’re using the respirator(s)

17. Describe any special or hazardous conditions you might encounter when you’re using your respirator (for example, confined spaces, life-threatening gases):
OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

18. Provide the following information, if you know it, for each substance that you’ll be exposed to when you’re using your respirator:
   Name the first toxic substance: ______________________________________________________
   Estimated maximum exposure to shift: __________________________
   Duration of exposure per shift: __________________________
   Name of second toxic substance: _____________________________________________________
   Estimated maximum exposure per shift: __________________________
   Duration of exposure per shift: __________________________
   Name of third toxic substance: _______________________________________________________
   Estimated maximum exposure per shift: __________________________
   Duration of exposure per shift: __________________________
   Name of any other toxic substances that you’ll be exposed to while using your respirator(s):
   __________________________________________________________________________________
   __________________________________________________________________________________

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

Appendix D to Section 1910.134 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not represent a hazard.

You should do the following:
1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator packaging. It will tell you what the respirator is designated for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designated to protect against. For example, a respirator designated to filter dust particles will not protect you against gases, fumes, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else’s respirator.