BethesdaTriHealthGood Samaritan

Medical Evaluation for Respirator Users

Name (Please print last, first, m.i.)	Company	SSN - -	Date
Job Classification/Title	Work location/address	Height ft. in.	Weight lbs.
Phone number to reach you during work ( )	Best time to call	Age yrs.	Sex M ☐ F ☐

Part A. Section 1. The following information must be provided by every employee who has been selected to use any type of respirator (please check).

1. Do you know how to contact the health care professional who will review this form: ☐ Yes ☐ No

2. Check the type of respirator you will use (you can check one or both):
   a. ☐ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
   b. ☐ Other type (e.g., half- or full-facepiece, powered-air purifying, supplied-air, self-contained breathing apparatus).

3. Have you worn a respirator: ☐ Yes ☐ No
   If "yes," check those that apply:
   - ☐ Dust mask
   - ☐ Half-facepiece respirator
   - ☐ Full-facepiece respirator
   - ☐ Airline (supplied-air) respirator
   - ☐ Powered Air-Purifying Respirator(PAPR)
   - ☐ Self-Contained Breathing Apparatus (SCBA)

Part A. Section 2. Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please check "yes" or "no").

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?

	Yes	No
a. Seizures (fits):	☐	☐
b. Diabetes (sugar disease):	☐	☐
c. Allergies that interfere with breathing:	☐	☐
d. Claustrophobia (fear of closed-in places):	☐	☐
e. Trouble smelling odors:	☐	☐

3. Have you ever had any of the following pulmonary or lung conditions?

	Yes	No
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. Do you currently have any of the following symptoms?

	Yes	No
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 job:	☐	☐
g. Coughing produces phlegm (thick sputum):	☐	☐
h. Coughing 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?

	Yes	No
a. Heart attack:	☐	☐
b. Stroke:	☐	☐
c. Angina:	☐	☐
d. Heart failure:	☐	☐
e. Swelling in legs or feet (not from walking):	☐	☐
f. Heart arrhythmia (heart beating out of rhythm or irregularly):	☐	☐
g. High blood pressure:	☐	☐
h. Any other heart problem that you've been told about:	☐	☐

6. Have you ever had any of the following symptoms?

	Yes	No
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. Any other symptoms that you think may be related to heart or circulation problems:	☐	☐

7. Do you currently take medication for any of the following?

	Yes	No
a. Breathing or lung problems:	☐	☐
b. Heart trouble:	☐	☐
c. Blood pressure:	☐	☐
d. Seizures (fits):	☐	☐

8. If you've used a respirator, have you ever had any of the following? (If you've never used a respirator, check the following space ☐ and go to question 9:)

	Yes	No
a. Eye irritation:	☐	☐
b. Skin allergies or rashes:	☐	☐
c. Anxiety:	☐	☐
d. General weakness or fatigue:	☐	☐
e. Any other problem that interferes with your use of a respirator:	☐	☐

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

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained 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 have any of the following vision conditions?

	Yes	No
a. Wear contact lenses:	☐	☐
b. Wear glasses:	☐	☐
c. Color blind:	☐	☐
e. Any other eye or vision problem:	☐	☐

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

13. Do you have any of the following hearing conditions?

	Yes	No
a. Difficulty hearing:	☐	☐
b. Wear a hearing aid:	☐	☐
c. Any other hearing or ear problem:	☐	☐

	Yes	No
14. Have you ever had a back injury:	☐	☐

15. Do you have any of the following musculoskeletal problems?

	Yes	No
a. Weakness in any of your arms, hands, legs, or feet:	☐	☐
b. Back pain:	☐	☐
c. Difficulty fully moving your arms and legs:	☐	☐
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. 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:	☐	☐

Signed	Date

Part B 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.

	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:	☐	☐
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., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals:	☐	☐

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		Yes	No
a. Asbestos:	☐	☐	f. Coal (for example, mining):	☐	☐
b. Silica (e.g., in sandblasting):	☐	☐	g. Iron:	☐	☐
c. Tungsten/cobalt (e.g., grinding or welding):	☐	☐	h. Tin:	☐	☐
d. Beryllium:	☐	☐	i. Dusty environments:	☐	☐
e. Aluminum:	☐	☐	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:

	Yes	No
7. Have you been in the military services?	☐	☐

	Yes	No
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 medicine for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking medicine for other reasons (including over-the-counter medications):	☐	☐

If "yes," name the medications if you know them:

10. Will you be using any of the following items with your respirator(s)?

a. HEPA Filters:	☐	☐	c. Cartridges:	☐	☐
b. Canisters (for example, gas masks):	☐	☐			

11. How often are you expected to use the respirator(s)?

a. Escape only (no rescue)	☐	☐	d. Less than 2 hours per day	☐	☐
b. Emergency rescue only	☐	☐	e. 2 to 4 hours per day	☐	☐
c. Less than 5 hours per week	☐	☐	f. Over 4 hours per day	☐	☐

12. Will you be wearing protective clothing and/or equipment when you're using your respirator:	☐	☐

If "yes," check those that apply:

☐ Disposable coveralls	☐ Boot covers	☐ Rubber gloves
☐ Insulated coveralls (Carharts)	☐ Work gloves	☐ Rubber sleeves

13. Will you be working in temperatures over 77 °F: ☐ Yes ☐ No
14. Will you be working under humid conditions: ☐ Yes ☐ No

15. During the period you are using the respirator(s), is your work effort:

	Yes	No	
a. **Light** (less than 200 kcal per hour): If "yes", how long per shift? ___ hr. ___ min.	☐	☐	**Examples of a light work effort** are sitting while writing, typing, drafting, or performing light assembly work or standing while operating a drill press (1-3 lbs.) or controlling machines.
b. **Moderate** (200 to 350 kcal per hour): If "yes", how long per shift? ___ hr. ___ min.	☐	☐	**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 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.
c. **Heavy** (above 350 kcal per hour): If "yes", how long per shift? ___ hr. ___ min.	☐	☐	**Examples of heavy work effort** are lifting a 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 2 mph; climbing stairs with a heavy load (about 50 lbs.).

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

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

18. Provide the following, if you know it, for each toxic substance that you'll be exposed to when using a respirator(s):

NAME OF TOXIC SUBSTANCE	EST. MAXIMUM EXPOSURE LEVEL	DURATION OF EXPOSURE (H;MIN)

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):

Signed	Date