## UNIVERSITY HEALTH SERVICE Medical Ouestionnaire for Respirator Mask Usage

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Today's			
Date:			

Note to the evaluator: This questionnaire must be administered to employees in a way that ensure their understanding. Before asking the employee to complete, please ask the following questions and record the employee's response.

Can you read English?	Yes	No	If you cannot read English, do you speak and understand			
			English?	Yes	No	
If the employee cannot read English, but understands and can speak English,or another evaluator who is not the						
employee's supervisor may ask the questions and document the employees' responses. If the employee can neither read nor speak						
English, the evaluator must use an alternative method, suitable to the employee and the situation and document the method used.						

Name:		UKID:		Age:	
Job Title:	Job Title:		Weight:	Gender:	
Departme	Department:			Home phone:	
Best time	Best time to reach you at this number:				
Check the	Check the type of respirator you will use: (You can check more than one category)				
	N, R, or P disposable respirator (filter-mask, non-cartridge type only)				
	Other type (for example, half- or full-face piece type, powered-air purifying, supplied-air, self-contained breathing apparatus				
	Have you worn a respirator?	If yes, what t	ype(s):		

## QUESTIONS:

Have you had or do you have any of the following?		
Allergic reactions that interfere with breathing	Yes	No
b. Trouble smelling odors	Yes	No
c. Seizures (fits)	Yes	No
d. Diabetes (sugar disease)	Yes	No
e. Claustrophobia (fear of tight or enclosed spaces)	Yes	No
Have you ever had any of the following lung problems?	Yes	No
a. Asbestosis	Yes	No
b. Asthma	Yes	No
c. Chronic bronchitis	Yes	No
d. Emphysema	Yes	No
e. Pneumonia	Yes	No
f. Tuberculosis (TB)	Yes	No
g. Silicosis	Yes	No
h. Collapsed lung	Yes	No
i. Broken ribs	Yes	No
j. Chest injuries or surgeries	Yes	No
k. Lung Cancer		
I. Any other lung problem	Yes	No
Do you have any of the following symptoms?	Yes	No
a. Shortness of breath	Yes	No
b. Shortness of breath when walking fast on level ground or up a slight incline or	hill Yes	No
c. Shortness of breath when walking with other people at a normal pace on level		No
d. Have to stop for breath when walking at your own pace on level ground	Yes	No
e. Shortness of breath when washing or dressing yourself	Yes	No
f. Shortness of breath that interferes with your job	Yes	No
g. Coughing that produces phlegm	Yes	No
h. Coughing that wakes you up early in the morning	Yes	No
i. Coughing that occurs mostly when you are lying down	Yes	No
j. Coughing up blood (within the last month)	Yes	No
k. Wheezing	Yes	N
I. Wheezing that interferes with your job	Yes	No
m. Chest pain when you breathe deeply	Yes	N
n. Any other symptoms that you thin may be related to lung problems	Yes	N
4. Have you ever had any of the following cardiovascular or heart problems?	Yes	No
a. Heart attack	Yes	N
b. Stroke	Yes	N

## **UNIVERSITY HEALTH SERVICE** Medical Questionnaire for Respirator Mask Usage

g. High blood pressure h. Any other heart problem that you've been told about 7 es 5. Have you had any of the following cardiovascular or heart symptoms? 7 a. Frequent pain or tightness in your chest 7 b. Pain or tightness in your chest during physical activities 7 c. Pain or tightness in your chest that interferes with your job 7 d. Heart skipping or missing a beat (within the last two years) 8 e. Heartburn or indigestion that is not related to eating 9 f. Any other cardiovascular or circulatory problems 9 f. Do you currently take any medication for the following? 9 f. Blood pressure 9 f. Seizures (fits) 7 c. Do you currently smoke or have you smoked in the last month? 9 f. Do you currently smoke or have you smoked in the last month? 9 f. Do you ever worn a respirator in the past? 9 f. Have you ever had any of the following during respirator use? 9 f. Have you ever had any of the following during respirator use?		Miculai Questionnane for Respirator	iviask Osage		
e. Swelling in your legs of feet  f. Heart arrhythmia g. High blood pressure h. Any other heart problem that you've been told about Yes h. Any other heart problem that you've been told about Yes h. Any other heart problem that you've been told about Yes a. Frequent pain or tightness in your chest b. Pain or tightness in your chest during physical activities Ves c. Pain or tightness in your chest during physical activities Ves d. Heart skipping or missing a beat (within the last two years) Yes f. Any other cardiovascular or circulatory problems Yes f. Any other cardiovascular or circulatory problems Yes f. Any other cardiovascular or circulatory problems Yes b. Heart trouble Pes c. Blood pressure G. Blood pressure G. Seizures (fits) Yes J. Do you currently smoke or have you smoked in the last month? Yes J. Do you currently smoke or have you smoked in the last month? Yes J. Blood pressure J. Yes J. Have you ever worn a respirator in the past? Yes J. Have you ever worn a respirator in the past? Yes J. Have you ever worn a respirator in the past? Yes J. Have you ever worn a respirator in the past? Yes J. Have you ever worn are spirator in the past? Yes J. Have you ever had any of the following during respirator use? J. Have you ever had each each each each each each each each		c. Angina		Yes	No
f. Heart arrhythmia g. High blood pressure h. Any other heart problem that you've been told about Yes 5. Have you had any of the following cardiovascular or heart symptoms? yes a. Frequent pain or tightness in your chest b. Pain or tightness in your chest during physical activities Yes c. Pain or tightness in your chest that interferes with your job Yes d. Heart skipping or missing a beat (within the last two years) Yes e. Heartburn or indigestion that is not related to eating Yes f. Any other cardiovascular or circulatory problems Yes f. Any other cardiovascular or circulatory problems Yes a. Breathing or lung problems Yes b. Heart trouble Yes c. Blood pressure Yes d. Seizures (fits) Pop ou currently smoke or have you smoked in the last month? Yes Have you ever worn a respirator in the past? Yes g. Have you ever had any of the following during respirator use? Yes c. Anxiety General weakness or fatigue Press Any other problem that would interfere with respirator use Yes c. Anxiety Hes How your ever worn a respirator in the past? Yes C. Anxiety Hes D. Skin allergies or rashes Yes C. Anxiety Hes D. Skin use you evered "yes" to any part of questions 1-6 or 9, the evaluation must be reviewed by a licensed health car provider proved with respirator use  Evaluator Use Only Approved Papproved		d. Heart failure		Yes	No
f. Heart arrhythmia g. High blood pressure h. Any other heart problem that you've been told about Yes 5. Have you had any of the following cardiovascular or heart symptoms? 4. Frequent pain or tightness in your chest b. Pain or tightness in your chest during physical activities Yes c. Pain or tightness in your chest that interferes with your job Yes d. Heart skipping or missing a beat (within the last two years) Yes e. Heartburn or indigestion that is not related to eating Yes f. Any other cardiovascular or circulatory problems Yes f. Any other cardiovascular or circulatory problems Yes a. Breathing or lung problems Yes b. Heart trouble Yes c. Blood pressure Yes d. Seizures (fits) Yes d. Seizures (fits) Yes 8. Have you ever worn a respirator in the past? 9. If so, have you ever worn a respirator in the past? 9. If so, have you ever worn a respirator in the following respirator use? 9. If so, have you ever had any of the following during respirator use? 9. Skin allergies or rashes C. Anxiety C. Anxiety O. General weakness or fatigue Pes Any other problem that would interfere with respirator use Yes NOTE: If the employee answered "yes" to any part of questions 1-6 or 9, the evaluation must be reviewed by a licensed health car provider prior to granting approval for respirator use.  Evaluator Use Only Approved Paproved Paproved Denied  Paproved Denied  Evaluator Signature: Evaluator Signature: Evaluator Name (printed):		e. Swelling in your legs of feet		Yes	No
h. Any other heart problem that you've been told about  5. Have you 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 activities c. Pain or tightness in your chest during physical activities d. Heart skipping or missing a beat (within the last two years) e. Heartburn or indigestion that is not related to eating f. Any other cardiovascular or circulatory problems f. Breathing or lung problems f. Pes g. Breathing or lung problems f. Pes g. Blood pressure g. Pes g. Blood pressure g. Blood pressu				Yes	No
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e. Any other problem that would interfere with respirator use  10. Has your supervisor told you how to contact the safety officer or health care provider who will review your evaluation?  11. Would you like to talk to the health care provider who will review your evaluation about your answers to these questions?  NOTE: If the employee answered "yes" to any part of questions 1-6 or 9, the evaluation must be reviewed by a licensed health care provider prior to granting approval for respirator use.  Evaluator Use Only  Approved  Approved Denied  Evaluator signature:  Evaluator Name (printed):		d. General weakness or fatigue		Yes	No
10. Has your supervisor told you how to contact the safety officer or health care provider who will review your evaluation?  11. Would you like to talk to the health care provider who will review your evaluation about your answers to these questions?  NOTE: If the employee answered "yes" to any part of questions 1-6 or 9, the evaluation must be reviewed by a licensed health care provider prior to granting approval for respirator use.  Evaluator Use Only  Approved  Approved with restrictions. List restrictions:  Evaluator Name (printed):				Yes	No
evaluation?  11. Would you like to talk to the health care provider who will review your evaluation about your answers to these questions?  NOTE: If the employee answered "yes" to any part of questions 1-6 or 9, the evaluation must be reviewed by a licensed health care provider prior to granting approval for respirator use.  Evaluator Use Only  Approved  Approved Denied  Evaluator signature:  Evaluator Name (printed):	10.	Has your supervisor told you how to contact the safety officer or health ca	are provider who will review your		
questions?  NOTE: If the employee answered "yes" to any part of questions 1-6 or 9, the evaluation must be reviewed by a licensed health caprovider prior to granting approval for respirator use.    Evaluator Use Only		evaluation?	·	Yes	No
questions?  NOTE: If the employee answered "yes" to any part of questions 1-6 or 9, the evaluation must be reviewed by a licensed health caprovider prior to granting approval for respirator use.    Evaluator Use Only	11.	Would you like to talk to the health care provider who will review your eva-	aluation about your answers to these		
Evaluator Use Only  Approved  Approved Denied  Approved with restrictions. List restrictions:  Evaluator signature: Evaluator Name (printed):		questions?	•		No
□ Approved □ Denied □ Approved with restrictions. List restrictions:  Evaluator signature: Evaluator Name (printed):	<b>NOTE:</b> provider	If the employee answered "yes" to any part of questions 1-6 or 9, the evalure prior to granting approval for respirator use.	uation must be reviewed by a licensed he	ealth c	are
□ Approved □ Denied □ Approved with restrictions. List restrictions:  Evaluator signature: Evaluator Name (printed):	Eval	luator Use Only			
□ Approved with restrictions. List restrictions:  Evaluator signature: Evaluator Name (printed):				-	
Evaluator signature: Evaluator Name (printed):					
		pproved with restrictions. List restrictions.			
THIS MEDICAL EVALUATION HAS BEEN DEVELOPED IN COMPLIANCE WITH OSHA 1910.134, APPENDIX C.	Eval	luator signature: Evaluator I	Name (printed):		
	THIS M	EDICAL EVALUATION HAS BEEN DEVELOPED IN COMPLIANCE WITH	l OSHA 1910.134, APPENDIX C.		
Date of Fit Testing: Fit Test Failed	Date of	of Fit Testing:	Fit Test Failed		

Please send the completed forms to Leslie Ehrmantraut at University Health Service, room 404A. Secure Fax: 859-257-9814 Phone: 859-218-3257

\_\_\_North/Honeywell brand N95

Other (specify brand, type, and size)

\_\_\_3M 9210 Aura series N95

Following a satisfactory fit testing for respirator use, the worker was issued: (check one) \_\_\_\_3M 8210 series N95

\_\_\_\_3M 1860 series N95

Kimberly-Clark Tecnol series N95 MSA Affinity Plus N95