

UK - Annual Respirator Medical Questionnaire

Note: 1. Use this form only if initial OSHA respirator clearance form has been completed previously and is on file with reviewer.

2. Also, if there has been any significant change in you health or change in your work process - chemicals used, facility, ventilation controls, type of respirator, volume of work, etc. – you need to complete a new initial clearance form instead of this one.

Since you last medical clearance and respirator fit test at UK, have you:

Had any breathing or lung problems / symptoms?

If yes describe: _____

Taken medication on a regular basis?

If yes, list: _____

Had any problems when wearing your respirator or with workplace air quality?

If yes, describe: _____

How often do typically you wear a respirator?

Most days

1-2 days per week

1-3 days per month

Less Than 1 day per month

How long do you typically wear a respirator when use?

More than 4 hours

1-4 hours

Less than one hour

To what chemicals /environments are you exposed while wearing a respirator? _____

Name (Print): _____ Date of Birth: _____ Phone: _____

Department: _____ Supervisor: _____