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| 2_color_pos_EHSS_CMYK | RESPIRATORY PROTECTION PROGRAM |
| **RESPIRATORY MEDICAL QUESTIONNAIRE** |
| *Note: Voluntary use of a disposable filtering face-piece does not require a medical assessment.* | |
| ***SUPERVISOR:*** *Complete this section, then give the original form and attached questionnaire to employee.*  *For assistance, call Environmental Health, Safety and Sustainability (EHSS) at 208-426-3303.* | |
| *Persons must not be assigned to tasks that require respirator use unless they have been determined physically able to perform the work while using the listed respiratory equipment. A licensed health care professional will determine what health and physical conditions are pertinent and what, if any, physical tests are required.* | |
| ***(Employee Name)* Jacob Tenorio**(Employee ID: **114044361**) is authorized to submit this form and attached questionnaire for an assessment of his/her fitness to wear a respirator in the course of work. Pulmonary examination and spirometry testing may be included if prescribed by the licensed health professional. | |
| **Answer the following questions as they pertain to this employee’s work assignments** *(may use reverse side)*:  1. List tasks during which respirator will be used: Molecular beam epitaxy reactor maintenance involving opening the system to the surrounding environment.  2. List chemicals / hazards for which respirator will be used: The respirator is used for protection from Arsenic and Beryllium.  3. Respirator use is  voluntary only  required  4. Indicate respirator type(s) employee will use (*check all that apply*):  full-face  half-face  disposable  cartridge  canister  filtering face-piece (dust mask)  supplied-air  SCBA  5. Duration & frequency of respirator use (including rescue & escape): 4-5 hours once every four months.  6. What additional protective clothing & equipment will be worn? Bunny suit, hair net, safety goggles and layers of clean room gloves.  7. What temperature & humidity extremes may be encountered? **N/A** | |
| The above information is accurate to the best of my knowledge: \_\_10/12/2022\_\_\_ \_\_3010-72400-2131170\_\_\_\_\_\_\_\_  *(the medical assessment fee will be charged to this account) Date Account Code*  \_\_\_Physics\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Paul Simmonds\_\_\_\_ \_\_\_\_\_\_\_\_  *Department Supervisor Name (Print) Supervisor Signature* | |
| ***EMPLOYEE:*** *(After supervisor completes above), Complete attached “Health History Questionnaire;” then submit the completed questionnaire to:* ***Email*** *as attachment:* [*RochelleWolfe@boisestate.edu*](mailto:vinceserio@boisestate.edu)*; OR* ***FAX****: 208-426-3005.*  *Alternatively, you may submit to EHSS a copy of clearance to wear a respirator from an examining physician within the past year****. Questions?*** *Call EHS&S at 208-426-3303, or University Health Services at 208-426-1680.* | |
| **Medical Clearance for Respirator Use** | |
| ***PHYSICIAN /****Licensed Health Professional*: **Send (only) THIS PAGE** when complete to [EHS@boisestate.edu](mailto:EHS@boisestate.edu) or EHS, MS-1826 | |
| The health of above employee has been assessed with the following results:  No medical restrictions for respirator use.  Limited medical restrictions for respirator use, as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No respirator use under any circumstances. Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The above employee has been informed of any detected medical condition, occupational and non-occupational, which warrants further medical examination or treatment.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Licensed Health Professional’s Name Signature Date** | |

**This form follows OSHA guidelines and meets regulatory requirements.**

**EMPLOYEE:** Answer the following questions to provide background information for the health professional.

**Can you read?  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.

**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. Today's date: Click here to enter a date.
2. Your name: Click here to enter text. ID # Click here to enter text.
3. Your date of birth: Click here to enter a date. Age (to nearest year): Click here to enter text.
4. Social Security Number: Click here to enter text. (voluntary)
5. Sex:  Male  Female
6. Your height: Click here to enter text. ft. Click here to enter text. in.
7. Your weight: Click here to enter text.lbs.
8. Your job title: Click here to enter text.
9. A phone number where you can be reached by the health care professional who reviews this questionnaire (include Area Code): Click here to enter text.
10. The best time to phone you at this number: Click here to enter text.
11. Did your employer tell you how to contact the health care professional who will review this form? Yes No
12. 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‑facepiece type, supplied‑air, self‑contained breathing apparatus).

1. Have you ever worn a respirator? **Yes No** if "yes," what type(s)? Click here to enter text.
2. Do you currently smoke tobacco, or have you smoked tobacco in the last month? Yes No
3. Have you ever had any of the following conditions? Seizures (fits) Yes No

Diabetes (sugar disease) Yes No

Allergic reactions that interfere with your breathing Yes No

Claustrophobia (fear of closed‑in places Yes No

Trouble smelling odors Yes No

1. Have you ever had any of the following pulmonary or lung problems?

Asbestosis Yes No Silicosis Yes No

Asthma Yes No Pneumothorax (collapsed lung) Yes No

Chronic bronchitis Yes No Lung cancer Yes No

Emphysema Yes No Broken ribs Yes No

Pneumonia Yes No Any chest injuries or surgeries Yes No

Tuberculosis Yes No Any other lung problem you've been told of Click here to enter text.

1. Do you currently have any of the following symptoms of pulmonary or lung illness?

Shortness of breath Yes No

Shortness of breath when walking fast on level ground or walking up a slight hill or incline Yes No

Shortness of breath when walking with other people at an ordinary pace on level ground Yes No

Have to stop for breath when walking at your own pace on level ground Yes No

Shortness of breath when washing or dressing yourself Yes No

Shortness of breath that interferes with your job Yes No

Coughing that produces phlegm (thick sputum) Yes No

Coughing that wakes you early in the morning Yes No

Coughing that occurs mostly when you are lying down Yes No

Coughing up blood in the last month Yes No

Wheezing Yes No

Wheezing that interferes with your job Yes No

Chest pain when you breathe deeply Yes No

Any other symptoms that you think may be related to lung problems Yes No

1. Have you ever had any of the following cardiovascular or heart problems? Heart attack Yes No

Stroke Yes No

Angina Yes No

Heart failure Yes No

Swelling in your legs or feet (not caused by walking) Yes No

Heart arrhythmia (heart beating irregularly) Yes No

High blood pressure Yes No

Any other heart problem that you've been told about Yes No

1. Have you ever had any of the following cardiovascular or heart symptoms?

Frequent pain or tightness in your chest Yes No

Pain or tightness in your chest during physical activity Yes No

Pain or tightness in your chest that interferes with your job Yes No

In the past two years, have you noticed your heart skipping or missing a beat Yes No

Heartburn or indigestion that is not related to eating Yes No

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

1. Do you currently take medication for any of the following problems? Heart trouble Yes No

Breathing or lung problems Yes No

Blood pressure Yes No

Seizures (fits) Yes No

1. Have you ever had any of the following problems while using a respirator? *(If you have never used a respirator, place a check in the following space:* *, and go to question 22.)* Eye irritation Yes No

Skin allergies or rashes Yes No

Anxiety Yes No

General weakness or fatigue Yes No

Any other problem that interferes with your use of a respirator Yes No

1. Would you like to talk to the health care professional who will review this questionnaire about

your answers to this questionnaire? Yes No

**Section 2. Answering the following questions is mandatory for 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.

1. Have you ever lost vision in either eye (temporarily or permanently)? Yes No
2. Do you currently have any of the following vision problems? Wear contact lenses Yes No

Wear glasses Yes No

Color blind Yes No

Any other eye or vision problem Yes No

1. Have you ever had an injury to your ears, including a broken ear drum? Yes No
2. Do you currently have any of the following hearing problems? Difficulty hearing Yes No

Wear a hearing aid Yes No

Any other hearing or ear problem Yes No

1. Have you ever had a back injury? Yes No
2. Do you currently have any of the following musculoskeletal problems?

Weakness in any of your arms, hands, legs, or feet Yes No

Back pain Yes No

Difficulty fully moving your arms and legs Yes No

Pain or stiffness when you lean forward or backward at the waist Yes No

Difficulty fully moving your head up or down Yes No

Difficulty fully moving your head side to side Yes No

Difficulty bending at your knees Yes No

Difficulty squatting to the ground Yes No

Climbing a flight of stairs or a ladder carrying more than 25 lbs. Yes No

Any other muscle or skeletal problem that interferes with using a respirator Yes No

**Section 3. Answering the following questions is voluntary**, although your answers may enable the health care professional to provide a more complete assessment of your fitness to wear a respirator.

1. 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? Yes No

If "yes," name the chemicals if you know them: Click here to enter text.

1. List your previous occupations: Click here to enter text.
2. List your current and previous hobbies: Click here to enter text.
3. Have you been in the military services? Yes No

If "yes," were you exposed to biological or chemical agents (either in training or combat)? Yes No

1. Have you ever worked on a HAZMAT team? Yes No
2. Will you be wearing protective clothing or equipment (other than a respirator) when you're using your respirator?

**Yes No** If "yes," describe this protective clothing / equipment: Click here to enter text.

1. Will you be working under hot conditions (temperature exceeding 77° F)? Yes No
2. Will you be working under humid conditions? Yes No
3. Describe the work you'll be doing while you're using your respirator(s): Click here to enter text.
4. Have you ever worked with any of the materials, or under any Tin Yes No

conditions listed to the right: Iron Yes No

Asbestos Yes No

Beryllium Yes No

Aluminum Yes No

Coal (for example, mining) Yes No

Silica (e.g., in sandblasting) Yes No

Tungsten/cobalt (e.g., grinding or welding this material) Yes No

Dusty environments Yes No

Any other hazardous exposures Yes No

If "yes" to any, describe the exposures: Click here to enter text.

1. Other than medication for breathing or lung problems, heart trouble, blood pressure, or seizures mentioned earlier in this questionnaire, are you taking any medication for any reason (including over‑the‑counter medication)? Yes No

If "yes," name the medications if you know them: Click here to enter text.

1. How often are you expected to use the respirator(s)? (Check "yes" or "no" for all answers that apply to you):

Escape only (no rescue) Yes No

Emergency rescue only Yes No

Less than 5 hours per week Yes No

Less than 2 hours per day Yes No

2 to 4 hours per day Yes No

Over 4 hours per day Yes No

1. During the period you use the respirator(s), is your work effort:

**Light** (less than 200 kcal per hour) Yes No

If "yes," how long does this period last during the average shift: \_\_\_\_\_\_\_\_ hours \_\_\_\_\_\_\_ minutes.

*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.*

**Moderate** (200 to 350 kcal per hour) Yes No

If "yes," how long does this period last during the average shift: \_\_\_\_\_\_\_ hours \_\_\_\_\_\_\_ minutes.

*Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph; pushing a heavy load (about 100 lbs.) in a wheelbarrow on a level surface.*

**Heavy** (above 350 kcal per hour) Yes No

If "yes," how long does this period last during the average shift: \_\_\_\_\_\_\_ hours \_\_\_\_\_\_ minutes.

*Examples of heavy work 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 at about 2 mph; climbing stairs with a heavy load (about 50 lbs.).*

1. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life‑threatening gases): Click here to enter text.
2. 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): Click here to enter text.