NewYork-Presbyterian

OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE
Workforce, Health & Safety

Name:	Date of Birth:
Social Sec. No. or MRN	Job Title/Position
Department	Location

OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

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. RETURN THIS QUESTIONNAIRE TO WORKFORCE HEALTH & SAFETY (WH&S)

THE FOLLOWING INFORMATION MUST BE PROVIDED BY EVERY EMPLOYEE WHO HAS BEEN SELECTED TO USE ANY TYPE OF RESPIRATOR. PLEASE PRINT OR PLEASE CHECK ONE OF THE ANSWERS TO THE FOLLOWING QUESTIONS:

Today's date: _____ Name: _____

1. Age (to nearest year): _____ 2. Sex ☐ Male ☐ Female

3. Height _____**ft** ____**in** / _____**cm** 4. . Weight_____**lbs** / _____**kg**

5. Job Title _____

6. Department _____

7. A daytime phone no. where you can be reached by the health care professional who reviews this questionnaire

   (Including area code):_____

8. The best time to phone you at this number: _____

9. Check the type of respirator you will use (you can check more than one category):

☐ N, R. or P disposable respirator (isolation/TB/filter mask, non- cartridge type only)

☐ Other type (e.g., half or full-face piece type, powered-air purifying, supplied air, self-contained breathing apparatus).

☐ Unknown

10. Have you worn a respirator? ☐ yes ☐ no

If yes, what type(s) (check all that apply):

☐ Particulate respirator (isolation/TB/filter mask)

☐ Full face mask

☐ Self-contained breathing apparatus

☐ Other (explain): _____

11. Do you currently smoke tobacco, or have you smoked tobacco in the last month? ☐ yes ☐ no

12. 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	☐ yes ☐ no
Trouble smelling odors	☐ yes ☐ no

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

Asbestosis	☐ yes ☐ no
Asthma	☐ yes ☐ no
Chronic bronchitis	☐ yes ☐ no
Emphysema	☐ yes ☐ no
Pneumonia	☐ yes ☐ no
Tuberculosis	☐ yes ☐ no
Silicosis	☐ yes ☐ no
Pneumothorax (collapsed lung)	☐ yes ☐ no
Lung cancer	☐ yes ☐ no
Broken ribs	☐ yes ☐ no
Any chest injuries or surgeries	☐ yes ☐ no
Any other lung problem that you've been told about	☐ yes ☐ no

14. 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 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 laying 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

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15. 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

16. 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 2 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

17. Do you currently take medications for any of the following problems?

Breathing or lung problems	☐ yes	☐ no
Heart trouble	☐ yes	☐ no
Blood pressure	☐ yes	☐ no
Seizures (fits)	☐ yes	☐ no

18. 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 21* ☐ *)*

Eye irritation	☐ yes	☐ no
Anxiety	☐ yes	☐ no
Skin allergies or rashes	☐ yes	☐ no
General weakness or fatigue	☐ yes	☐ no
Any other problem that interferes with your use of a respirator?	☐ yes	☐ no

19. Would you like to talk to the health care professional in WH&S who will review this questionnaire about your answers to this questionnaire? ☐ yes ☐ no

20. Have you ever lost vision in either eye (temporarily or permanently?) ☐ yes ☐ no

21. 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

22. Have you ever had an injury to your ears, including a broken ear drum ☐ yes ☐ no

23. Do you currently have any of the following hearing problems?

Difficulty hearing	☐ yes	☐ no
Wearing a hearing aid	☐ yes	☐ no
Any other hearing or ear problem	☐ yes	☐ no

24. Have you ever had a back injury ☐ yes ☐ no

25. 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 side to side	☐ yes	☐ no
Difficulty bending at your knees	☐ yes	☐ no
Difficulty squatting to the ground	☐ yes	☐ no
Difficulty climbing a flight of stairs or ladder carrying more than 25lbs	☐ yes	☐ no
Any other muscle or skeletal problem that interferes with using a respirator	☐ yes	☐ no