



CalvertHealth

OSHA Respirator Medical Evaluation Questionnaire Appendix C Sec. 1910.134 (Mandatory)

Your Employer must allow you to answer this questionnaire during normal working hours, or at 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.

Part A. Section 1 (Mandatory):

The following information must be provided by every employee who has been selected to use any type of respirator (Please Print):

Name: _____ Emp # _____ Date: _____

Job Title: _____ Dept: _____ Contact Number: _____

Age: _____ Gender: _____ female _____ male Ht: _____ Wgt: _____

Has your employer told you how to contact the health care professional who will review your questionnaire? Yes or no? _____ Best time to contact you? _____

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

- A. _____ N, R, or P disposable respirator (filter mask, non-cartridge type)
- B. _____ Other type (example, half- or full face piece type, power-air purifying, supplied-air, self-contained breathing apparatus).

Have you worn a respirator? Yes or No
If yes, what type(s) _____

Part A. Section 2, (Mandatory)

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 and add comments for Yes answers)

For Admin use only	Review Date:	Initials:	Cleared:
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Question	No	Yes	Comments
1. Do you currently smoke tobacco or have you smoked tobacco in the last month?			
2. Have you ever had any of the following conditions?			
a. Seizures			
b. Diabetes (sugar disease)			
c. Allergic reactions that interfere with your breathing			
d. Claustrophobia (fear of closed-in places)			
e. Trouble smelling odors			
3. Have you ever had any of the following pulmonary problems?			
a. Asbestosis			
b. Asthma			
c. Chronic bronchitis			
d. Emphysema			
e. Pneumonia			
f. Tuberculosis			
g. Silicosis			
h. Pneumothorax			
i. Lung cancer			
j. Broken ribs			
k. Any chest injuries or surgeries			
l. Any other lung problems that you have been told about?			
4. Do you currently have any of the following symptoms of pulmonary or lung illness?			
a. Shortness of breath			
b. Shortness of breath when walking fast on level ground or walking up slight 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 your job			
g. Coughing that produces phlegm (thick sputum)			
h. Coughing that 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?			

Question	No	Yes	Comments
5. Have you ever had any of the following cardiovascular or heart problems?			
a. Heart Attack			
b. Stroke			
c. Angina			
d. Heart failure			
e. Swelling in your legs or feet(not caused by walking			
f. Heart arrhythmias (heart beating irregularly)-			
g. High blood pressure			
h. Any other heart problems-that you have been told about			
6. Have you ever had any of the following cardiovascular or heart symptoms?			
a. Frequent pain or tightness in your chest			
b. Pain or tightness in your chest that interferes with your job			
c. In the past two years, have you noticed your heart skipping or missing a beat			
d. Heartburn or indigestion that is not related to eating			
e. 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 problems?			
a. Breathing or lung problems			
b. Heart trouble			
c. Blood pressure			
d. Seizures			
8. If you have used a respirator , have you ever had any of the following problems? (If you have never used a respirator check here _____ and go to question 9)			
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 your questionnaire about your answers to this questionnaire?			
Other comments:			
Signature			Date