

Appointment Instructions
OSHA Respirator Medical Evaluation Questionnaire

- Your appointment to review your questionnaire will take place in the Nurse Managed Primary Care Center. The Nurse Managed Primary Care Center is located on the STAR campus at 540 S College Avenue, Suite 130.
- The appointment will take approximately 30-45 minutes.
- Complete the attached questionnaire prior to your appointment and bring the completed questionnaire with you to your appointment.
- A nurse practitioner will review your completed questionnaire with you during your appointment
- Your height, weight, and blood pressure will be measured during the office visit
- If you are unable to keep or need to reschedule your appointment please contact:
 - **NURSE MANAGED PRIMARY CARE CENTER** - (302) 831-3195
Or email ud-nmhc@win.udel.edu
- Appointment information is below:

| | |
|-----------------------------|--|
| Employee Name | |
| Date of Appointment | |
| Time of Appointment | |
| Type of Appointment | OSHA Respirator Medical Evaluation Questionnaire |
| Authorized Signature | Krista Murray, Asst. Director EHS |

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, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Can you Read? Yes No

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| 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). | |
| 1. Today's Date: | |
| 2. Your Name: (first, last) | |
| 3. Your Date of Birth: | |
| 4. Sex (circle one): Male / Female | |
| 5. Your height: ft. | in. |
| 6. Your weight: | lbs. |
| 7. Your job title: | |
| 8. A phone number where you can be reached by the health care professional who reviews this questionnaire: () - - | |
| 9. The best time to phone you at this number: | |
| 10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes / No | |
| 11. 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 only). b. _____ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus). | |
| 12. Have you worn a respirator (circle one): Yes / No | |
| If "yes," what type(s): | |

| Part A. Section 2. (Mandatory) Questions 1 through 8 below must be answered by every employee who has been selected to use any type of respirator (please mark "yes" or "no"). | YES | NO |
|---|------------|-----------|
| 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 (fits): | | |
| b. Diabetes (sugar disease): | | |
| c. Allergic reactions that interfere with your breathing: | | |
| d. Claustrophobia (fear of closed-in places): | | |
| c. Trouble smelling odors: | | |

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| 3. Have you ever had any of the following pulmonary or lung problems? | YES | NO |
| a. Asbestosis: | | |
| b. Asthma: | | |
| c. Chronic bronchitis: | | |
| d. Emphysema: | | |
| e. Pneumonia: | | |
| f. Tuberculosis: | | |
| g. Silicosis: | | |
| h. Pneumothorax (collapsed lung): | | |
| i. Lung cancer: | | |
| j. Broken ribs: | | |
| k. Any chest injuries or surgeries: | | |
| l. Any other lung problem that you've been told about: | | |
| 4. Do you currently have any of the following symptoms of pulmonary or lung illness? | YES | NO |
| a. Shortness of breath: | | |
| b. Shortness of breath when walking fast on level ground or walking up a slight hill or 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: | | |
| 5. Have you ever had any of the following cardiovascular or heart problems? | YES | NO |
| a. Heart attack: | | |
| b. Stroke: | | |
| c. Angina: | | |
| d. Heart failure: | | |
| e. Swelling in your legs or feet (not caused by walking): | | |
| f. Heart arrhythmia (heart beating irregularly): | | |
| g. High blood pressure: | | |
| h. Any other heart problem that you've been told about: | | |
| 6. Have you ever had any of the following cardiovascular or heart symptoms? | YES | NO |
| a. Frequent pain or tightness in your chest: | | |
| b. Pain or tightness in your chest during physical activity: | | |
| c. Pain or tightness in your chest that interferes with your job: | | |
| d. In the past two years, have you noticed your heart skipping or missing a beat: | | |
| e. Heartburn or indigestion that is not related to eating: | | |
| f. Any other symptoms that you think may be related to heart or circulation problems: | | |

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| 7. Do you currently take medication for any of the following problems? | YES | NO |
| a. Breathing or lung problems: | | |
| b. Heart trouble: | | |
| c. Blood pressure: | | |
| d. Seizures (fits): | | |
| 8. If you have used a respirator, have you ever had any of the following problems when using a respirator? | | |
| 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: | | |
| Questions 9 to 14 below must be answered by every employee who has been selected to use either a full-face piece 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. | | |
| 9. Have you ever lost vision in either eye (temporarily or permanently): | | |
| 10. Do you currently have any of the following vision problems? | YES | NO |
| a. Wear contact lenses: | | |
| b. Wear glasses: | | |
| c. Color blind: | | |
| e. Any other eye or vision problem: | | |
| 11. Have you ever had an injury to your ears, including a broken ear drum: | | |
| 12. Do you currently have any of the following hearing problems? | YES | NO |
| a. Difficulty hearing: | | |
| b. Wear a hearing aid: | | |
| c. Any other hearing or ear problem: | | |
| 13. Have you ever had a back injury: | | |
| 14. Do you currently have any of the following musculoskeletal problems? | YES | NO |
| a. Weakness in any of your arms, hands, legs, or feet: | | |
| b. Back pain: | | |
| c. Difficulty fully moving your arms and legs: | | |
| d. Pain or stiffness when you lean forward or backward at the waist: | | |
| e. Difficulty fully moving your head up or down: | | |
| f. Difficulty fully moving your head side to side: | | |
| g. Difficulty bending at your knees: | | |
| h. Difficulty squatting to the ground: | | |
| i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: | | |
| j. Any other muscle or skeletal problem that interferes with using a respirator: | | |

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| Part B: | YES | NO |
| 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: | | |
| If "yes," name the chemical(s) if you know them: | | |
| 1. | | |
| 2. | | |
| 3. | | |

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| 2. Have you ever worked with any of the materials, or under any of the conditions, listed below: | YES | NO |
| a. Asbestos: | | |
| b. Silica (e.g., in sandblasting): | | |
| c. Tungsten/cobalt (e.g., grinding or welding this material): | | |
| d. Beryllium: | | |
| e. Aluminum: | | |
| f. Coal (for example, mining): | | |
| g. Iron: | | |
| h. Tin: | | |
| i. Dusty environments: | | |
| j. Other hazardous exposures: (if yes list them below) | | |
| 3. Have you been in the military services? | | |
| If "yes," were you exposed to biological or chemical agents (either in training or combat): | | |
| 4. Have you ever worked on a HAZMAT team? | | |
| 5. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): | | |
| If "yes," list the medications if you know them | | |
| 6. Will you be using any of the following items with your respirator(s)? | YES | NO |
| a. HEPA Filters: | | |
| b. Canisters (for example, gas masks): | | |
| c. Cartridges: | | |
| 7. How often are you expected to use the respirator(s) (mark "yes" or "no" for all answers that apply to you)? | YES | NO |
| a. Escape only (no rescue): | | |
| b. Emergency rescue only: | | |
| c. Less than 5 hours per week : | | |
| d. Less than 2 hours per day : | | |
| e. 2 to 4 hours per day: | | |
| f. Over 4 hours per day: | | |
| 8. During the period you are using the respirator(s), is your work effort: (select one) | YES | NO |
| a. Light - 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. | | |
| b. Moderate - Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface. | | |
| c. Heavy - 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 about 2 mph; climbing stairs with a heavy load (about 50 lbs.). | | |
| 9. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: | | |
| 10. Will you be working under hot conditions (temperature exceeding 77 deg. F): | | |
| 11. Will you be working under humid conditions: | | |

