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OSHA Respirator Fitness Medical Evaluation Questionnaire

Employee: Can you read (*check one*): 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.

Note A: *This questionnaire will be reviewed by AllOneHealth. AllOneHealth has been contracted to perform these duties by your employer. All responses are kept confidential. To assure confidentiality, you do not need to share any information on this form with your employer. Please consult your supervisor regarding the procedure to deliver this form to AllOneHealth. If you would like to speak with the health care professional who will review this questionnaire, please call:*

**AllOneHealth's National Division
 (781) 935-8581 or (800) 350-4511
 8:00 AM - 8:00 PM E.S.T.**

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)

Today's Date:		Name:	
Age (to nearest year):			
Your Height:		Your Weight:	
Job Title:		Phone number where you can be reached by the health care professional who reviews this questionnaire (including area code).	
The best time to reach you at this number:		Has your employer told you how to contact the health care professional who will review this questionnaire: (please use drop down menu)	
Check the type of respirator you will use (you can check more than one category):	a. <input type="checkbox"/> N, R, or P disposable respirator (filter-mask, non-cartridge type only). b. <input type="checkbox"/> Other type (for example, half-or full-facepiece type, powered-air purifying, cupplied-air, self-contained breathing apparatus).		
Have you worn a respirator: (please use drop down menu)	If yes, what type(s):		

OSHA Respiratory Fitness Medical Evaluation Questionnaire (cont'd)

Part A, SECTION 2 (Mandatory)

<i>Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator.</i>		<i>(please use drop down menu)</i>
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) e. Trouble smelling odors	
3.	Have you ever had any of the following pulmonary or lung problems?: 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 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 wading 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	

OSHA Respiratory Fitness Medical Evaluation Questionnaire (cont'd)

Part A, SECTION 2 (Mandatory)

<i>Questions 5 through 9 below must be answered by every employee who has been selected to use any type of respirator.</i>		<i>(please use drop down menu)</i>
5.	<p>Have you ever had any of the following cardiovascular or heart problems?:</p> <ul style="list-style-type: none"> 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 <p>Any other heart problem that you've been told about</p>	
6.	<p>Have you ever had any of the following cardiovascular or heart symptoms?:</p> <ul style="list-style-type: none"> 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 <p>Any other symptoms that you think may be related to heart or circulation problem</p>	
7.	<p>Do you currently take medication for any of the following problems?:</p> <ul style="list-style-type: none"> a. Breathing or lung problems b. Heart trouble c. Blood pressure <p>Seizures (fits)</p>	
8.	<p>If you've used a respirator, have you ever had any of the following problems?: <i>(If you've never used a respirator, check here <input type="checkbox"/> and go to question 9)</i></p> <ul style="list-style-type: none"> a. Eye irritation b. Skin allergies or rashes c. Anxiety d. General weakness or fatigue e. Any other problems that interferes with your use of a respirator 	
9.	<p>Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?</p>	

OSHA Respiratory Fitness Medical Evaluation Questionnaire (cont'd)

Part A, SECTION 2 (Mandatory)

<i>Question 10-15 below must be answered by 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.</i>		<i>Please use drop down menu</i>
10.	Have you ever lost vision in either eye (temporarily or permanently)	
11.	Do you currently have any of the following vision problems?: a. Wear contact lenses b. Wear glasses c. Color blind Any other eye or vision problem	
12.	Have you ever had an injury to your ears, including a broken ear drum?	
13.	Do you currently have any of the following hearing problems?: a. Difficulty hearing b. Wear a hearing aid Any other hearing or ear problem	
14.	Have you every had a back injury?	
15.	Do you currently have any of the following musculoskeletal problems?: 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	

OSHA Respiratory Fitness Medical Evaluation Questionnaire (cont'd)

Part B

(Please use drop down menu)

1.	<p>In your present job are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen:</p> <p>If “yes,” do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you’re working under these conditions?</p>	
2.	<p>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?</p> <p>If “yes,” name the chemicals if you know them:</p>	
3.	<p>Have you ever worked with any of the materials, or under any of the conditions, listed below?:</p> <ul style="list-style-type: none"> 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. Any other hazardous exposures <p>If “yes,” describe these exposures:</p>	
4.	<p>List any second jobs or side businesses you have:</p>	
5.	<p>List your previous occupations:</p>	
6.	<p>List your current and previous hobbies:</p>	
7.	<p>Have you been in the military services?</p> <p>If “yes,” were you exposed to biological or chemical agents (either in training or combat)?</p>	
8.	<p>Have you ever worked on a HAZMAT team:</p>	
9.	<p>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 reasons (including over-the-counter medications):</p> <p>If “yes,” name the medications if you know them:</p>	

OSHA Respiratory Fitness Medical Evaluation Questionnaire (cont'd)

Part B

(Please use drop down menu)

10.	<p>Will you be using any of the following items with your respirator(s)?:</p> <ul style="list-style-type: none"> a. HEPA Filters b. Canisters (for example, gas masks) c. Cartridges 	
11.	<p>How often are you expected to use the respirator(s)?:</p> <ul style="list-style-type: none"> 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 	
12.	<p>During the period you are using the respirator(s), is your work effort:</p> <ul style="list-style-type: none"> a. <u>Light</u> (less than 200 kcal per hour): <ul style="list-style-type: none"> If “yes,” how long does this period last during the average shift: hrs. mins. Examples of a light work effort are <i>sitting</i> while writing, typing, drafting, or performing light assembly work; or <i>standing</i> while operating a drill press (1-3 lbs.) or controlling machines. b. <u>Moderate</u> (200 to 350 kcal per hour): <ul style="list-style-type: none"> If “yes,” how long does this period last during the average shift: _____ hrs. _____ mins. Examples of moderate work effort are <i>sitting</i> while nailing or filing; driving a truck or bus in urban traffic; <i>standing</i> while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; <i>walking</i> on a level surface about 2 mph or down a 5-degree grade about 3 mph; or <i>pushing</i> a wheelbarrow with a heavy load (about 100lbs.) on a level surface. c. <u>Heavy</u> (above 350 kcal per hour): <ul style="list-style-type: none"> If “yes,” how long does this period last during the average shift: hrs. mins. Examples of heavy work are <i>lifting</i> a heavy load (about 50 lbs.) from the floor to your waist or shoulder; <i>working</i> on a loading dock; <i>shoveling</i>: standing while bricklaying or chipping castings; <i>walking</i> up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.). 	

OSHA Respiratory Fitness Medical Evaluation Questionnaire *(cont'd)*

Part B

(Please use drop down menu)

13.	<p>Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator:</p> <p>If "yes," describe this protective clothing and/or equipment:</p>	
14.	<p>Will you be working under hot conditions (temperature exceeding 77° F):</p>	
15.	<p>Will you be working under humid conditions:</p>	
16.	<p>Describe the work you'll be doing while you're using your respirator(s):</p>	
17.	<p>Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):</p>	
18.	<p>Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):</p> <p>Name of the first toxic substance: Estimated maximum exposure level per shift: Duration of exposure per shift:</p> <p>Name of the second toxic substance: Estimated maximum exposure level per shift: Duration of exposure per shift:</p> <p>Name of the third toxic substance: Estimated maximum exposure level per shift: Duration of exposure per shift:</p> <p>The name of any other toxic substances that you'll be exposed to while using your respirator:</p>	
19.	<p>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):</p>	