

PARKLAND HEALTH & HOSPITAL SYSTEMS
OCCUPATIONAL HEALTH SERVICES
OSHA Respirator Medical Evaluation Questionnaire

To the employee: Your supervisor must let you answer these questions during regular working hours, or at a time and place convenient for you. For your privacy, your supervisor must not look at your answers. Your supervisor must tell you how to send this to Parkland's Occupational Health Services for review.

ID#: _____

Please Answer These Questions:

- 1. Today's date: _____
2. Your name: _____
3. Your age (to nearest year): _____
4. Your sex (check one): [] Male [] Female
5. Your height: _____ feet _____ inches
6. Your weight: _____ pounds
7. Your job title: _____
8. A phone number where Occupational Health Services can reach you: (_____) _____
9. The best time to reach you at this phone number? _____
10. Has your supervisor told you how to get in touch with Occupational Health Services? (check one): [] Yes [] No
11. Check the space next to the type of respirator you will use (you can check more than one):
a. _____ Respirator N-95
b. _____ Decontamination suit
12. Have you worn a respirator (check one): [] Yes [] No
If yes, what type(s): _____

Please Check One (Yes or No) For These Questions:

- 13. Do you smoke tobacco, or have you smoked tobacco in the last month? [] Yes [] No
14. Have you ever had any of these conditions:
a. Seizures (fits): [] Yes [] No
b. Diabetes (sugar disease): [] Yes [] No
c. Allergic reactions that make it hard for you to breathe: [] Yes [] No
d. Claustrophobia (fear of closed-in places): [] Yes [] No
e. Trouble smelling odors: [] Yes [] No

Continued ⇨

15. Have you ever had any of these lung or breathing problems?

- a. Asbestosis: Yes No
- b. Asthma: Yes No
- c. Chronic bronchitis: Yes No
- d. Emphysema: Yes No
- e. Pneumonia: Yes No
- f. Tuberculosis (TB): Yes No
- g. Silicosis: Yes No
- h. Pneumothorax (collapsed lung): Yes No
- i. Lung cancer: Yes No
- j. Broken ribs: Yes No
- k. Any chest injuries or surgeries: Yes No
- l. Any other lung problem that you have been told about: Yes No

16. At this time do you have any of these symptoms of lung or breathing problems?

- a. Shortness of breath: Yes No
- b. Shortness of breath when walking fast on flat ground or walking up a slight hill: Yes No
- c. Shortness of breath when walking with other people at a normal pace on flat ground: Yes No
- d. Have to stop for breath when walking at your own pace on flat ground: Yes No
- e. Shortness of breath when washing or dressing yourself: Yes No
- f. Shortness of breath that gets in the way of doing your job: Yes No
- g. Coughing that brings up thick phlegm (sputum): Yes No
- h. Coughing that wakes you early in the morning: Yes No
- i. Coughing that happens mostly when you are lying down: Yes No
- j. Coughing up blood in the last month: Yes No
- k. Wheezing when you breathe: Yes No
- l. Wheezing that gets in the way of doing your job: Yes No
- m. Chest pain when you breathe deeply: Yes No
- n. Any other symptoms that you think may have to do with lung problems: Yes No

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17. Have you ever had any of these heart or blood circulation problems?

- a. Heart attack: Yes No
- b. Stroke: Yes No
- c. Angina (chest pains): Yes No
- d. Heart failure: Yes No
- e. Swelling in your legs or feet that is not caused by walking: Yes No
- f. Heart beats that are not regular (arrhythmia): Yes No
- g. High blood pressure: Yes No
- h. Any other heart problem that you have been told about: Yes No

18. Have you ever had any of these heart or blood circulation problems?

- a. Pain or tightness in your chest that happens often: Yes No
- b. Pain or tightness in your chest when you are physically active, when you walk or exercise: Yes No
- c. Pain or tightness in your chest that gets in the way of doing your job: .. Yes No
- d. In the past two years, have you noticed your heart skipping or missing a beat: Yes No
- e. Heartburn or indigestion that happens when you are not eating: Yes No
- f. Any other symptoms that you think may have to do with heart or blood circulation problems: Yes No

19. At this time are you taking medicine for any of these problems?

- a. Breathing or lung problems: Yes No
- b. Heart trouble: Yes No
- c. Blood pressure: Yes No
- d. Seizures (fits): Yes No

20. If you have never used a respirator check this space _____ and go to question 21.

If you have used a respirator before, have you ever had any of these problems:

- a. Burning, itching or swelling of your eyes: Yes No
- b. Skin allergies or rashes: Yes No
- c. Anxiety (feeling worried or frightened): Yes No
- d. Feeling weak all over, or tired: Yes No
- e. Any other problems that get in the way of using a respirator: Yes No

21. Would you like to talk about your answers to these questions with the health care professional who will be looking it over? Yes No

FOR HCP USE ONLY:

Reviewed by: _____ Date: _____

Cleared for TB mask use: Yes No

Comments: _____

Health Care Professional: _____

