**1910.134: OSHA Respirator Medical Evaluation Questionnaire (Mandatory)**

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee:

Can you read (circle 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. 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 l. (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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Your age (to nearest year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 (include the Area Code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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):

\_\_\_\_\_\_\_\_ N, R. or P disposable respirator (filter-mask, non-cartridge type only).

\_\_\_\_\_\_\_\_ 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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 circle “yes” or “no”).

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month: ………………………………..……………………………….... Yes No

2. Have you ever had any of the following conditions?

a. Seizures (fits):………………………………………………..….. Yes No

b. Diabetes (sugar disease)…………………………………….…. Yes No

 c. Allergic reactions that interfere with your breathing……… Yes No

 d. Claustrophobia (fear of closed-in places)………………….... Yes No

 e. Trouble smelling odors (except when you had a cold…….. Yes No

3. Have you ever had any of the following pulmonary or lung

problems?

a. Asbestosis: ……………………………………………………... Yes No

b. Asthma: …………………………………………………….…… Yes No

c. Chronic bronchitis: ………………………………………….…. Yes No

d. Emphysema: ……………………………………………………. Yes No

e. Pneumonia: ……………………………………………………... Yes No

f. Tuberculosis: …………………………………………………… 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’ve been told about: ….. Yes No

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

 a. Shortness of breath: ………………………………………... Yes No

b. Shortness of breath when walking fast on level

ground or walking up a slight hill or incline: …………..…. Yes No

c. Shortness of breath when walking with other

 people at an ordinary pace on level ground: …………..…. Yes No

d. Have to stop for breath when walking at your

 own pace on level ground: …………………………………... Yes No

e. Shortness of breath when washing or dressing

yourself:………………………………………………………..…. Yes No

 f. Shortness of breath that interferes with your job: ………………. Yes No

 g. Coughing that produces phlegm (thick sputum): ………………… Yes No

 h. Coughing that wakes you up early in the morning: ………………. Yes No

i. Coughing that occurs mostly when you are

lying down: ……………………………………………………… Yes No

j. Coughing up blood in the last month: ………….……….…….… Yes No

k. Wheezing: ……………………………………………………..... Yes No

l. Wheezing that interferes with your job: ……………..………….. Yes No

m. Chest pain when you breathe deeply: ………………………..…. Yes No

n. Any other symptoms that you think may be

related to lung problems: ………………………………..…….... Yes No

5. Have you ever had any of the following cardiovascular or heart problems?

 a. Heart attack: ………………………………………………….… Yes No

 b. Stroke: …………………………………………..……….……… Yes No

 c. Angina: ………………………………………………………..… Yes No

 d. Heart failure: ………………………………………………...….. Yes No

e. Swelling in your legs or feet (not caused by walking………….… Yes No

 f. Heart arrhythmia (heart beating irregularly): ……..…………..… Yes No

 g. High blood pressure: ……………………………………….….. Yes No

h. Any other heart problem that you’ve been told about: ……...…. Yes No

i. Difficulty climbing a flight of stairs or a ladder

carrying more than 25 lbs: …………………………..……….... Yes No

j. Any other muscle or skeletal problem that

interferes with using a respirator: …………………..…………. Yes No

**Part B**. Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. 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: ………. Yes No

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: ……………………………………….…….… Yes No

2. At work or at home, have you ever been exposed to hazardous

solvents, hazardous airborne chemicals (i.e., gases, fumes, or

dust), or have you come into skin contact with hazardous

chemicals: ………………………………………………………………. Yes No

If “yes,” name the chemicals if you know them:

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3. Have you ever worked with any of the materials, or under any of the conditions listed below:

a. Asbestos: ……………………………………………………….. Yes No

b. Silica (e.g., in sandblasting): …………………………………… Yes No

c. Tungsten/cobalt (e.g., grinding or welding this material): Yes No

d. Beryllium: ………………………………………………………. Yes No

e. Aluminum: ……………………………………………………… Yes No

f. Coal (for example, mining): ……………………………………. Yes No

g. Iron: ……………………………………………………………… Yes No

h. Tin: ………………………………………………………………. Yes No

i. Dusty environments: …………………………………………….. Yes No

j. Any other hazardous exposures: ………………………………… Yes No

If “yes,” describe these exposures:

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4. List any second jobs or side businesses you have: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. List your previous occupations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. List your current and previous hobbies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Have you been in the military services? …………………………. Yes No

If “yes,” were you exposed to biological or chemical agents

 (either in training or combat): ……………………………………… Yes No

8. Have you ever worked on a HAZMAT team? …………………..… Yes No

9. 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):………………….. Yes No

If “yes,” name the medications if you know them:

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10. Will you be using any of the following items with your respirator(s)?

a. HEPA Filters: …………………………………………………… Yes No

b. Canisters (for example, gas masks): ……………………………. Yes No

c. Cartridges: ……………………………………………………… Yes No

11. How often are you expected to use the respirator(s) (circle

“yes” or “no” for all answers that apply to you)?:

a. Escape only (no rescue): ……………………………………… Yes No

b. Emergency rescue only: ………………………………………. Yes No

c. Less than 5 hours per week: …………………………………… Yes No

d. Less than 2 hours per day: …………………………………….. Yes No

e. 2 to 4 hours per day: ………………………………………..… Yes No

f. Over 4 hours per day: ………………………………………… Yes No

12. During the period you are using the respirator(s), is your work effort:

a. Light (less than 200 kcal per hour): ……………………….. Yes No

If “yes,” how long does this period last during the average shift:

\_\_\_\_\_\_\_\_\_\_\_ hours. \_\_\_\_\_\_\_\_\_\_\_\_ minutes. 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 (200 to 350 kcal per hour): …………………….. Yes No

If “yes,” how long does this period last during the average shift:

\_\_\_\_\_\_\_\_\_\_\_ hours; \_\_\_\_\_\_\_\_\_\_\_\_ minutes. 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 (above 350 kcal per hour): …………………………. Yes No

If “yes,” how long does this period last during the average shift:

\_\_\_\_\_\_\_\_\_\_\_hours; \_\_\_\_\_\_\_\_\_\_\_ minutes. 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.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you’re using your respirator: …………………… Yes No

If “yes,” describe this protective clothing and or equipment:

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14. Will you be working under hot conditions (temperature exceeding

77 degrees F): ………………………………………………………….. Yes No

15. Will you be working under humid conditions: …………………….. Yes No

16. Describe the work you’’ be doing while you’re using your respirator(s):

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17. Describe any special or hazardous conditions you might encounter

when you’re using your respirator(s) (for example, confined spaces,

life-threatening gases):

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18. 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):

 Name of the first toxic substance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Estimated maximum exposure level per shift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Duration of exposure per shift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of the second toxic substance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Estimated maximum exposure level per shift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Duration of exposure per shift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of the third toxic substance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Estimated maximum exposure level per shift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Duration of exposure per shift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The name of any other toxic substances that you’ll be exposed to while using your respirator:

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19. 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):