RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE
REQUIRED BY OSHA

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:
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 healthcare 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 clearly).

1. Date: ……
2. Full Name: ……
3. Age: ……
4. Sex: Male ☐ Female ☐
5. Height: ……feet ……inches, *or* ……centimeters
6. Weight: ……pounds, *or* ……kilograms
7. Your job, job title, or type of work: ……..
8. A phone number where you can be reached by the healthcare professional who reviews this questionnaire *(include the area code)*: (__ __ __) − __ __ __ − __ __ __ __
9. Indicate the best time to reach you at this number: AM ☐ PM ☐
10. Has your employer informed you of how to contact the healthcare professional who will review this questionnaire? Yes ☐ No ☐
11. Check the type of respirator that you will use *(you can select more than one category)*:
    a. ☐ N, R, or P disposable respirator *(i.e., filter-mask, non-cartridge type only)*
    b. ☐ Other type *(i.e., half- or full-face respirators, powered-air purifying respirator* (PAPR)*, supplied-air respirator, self-contained breathing apparatus* (SCBA)*)*

12. Have you used a respirator before? Yes ☐ No ☐

If yes, what type(s):

……...…….

Part A. Section 2a. (MANDATORY)

Questions 1 through 9 must be answered by every employee who has been selected to use any type of respirator. Please, mark *yes* or *no* to indicate your response.

		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 medical conditions?		
	a. Seizures	☐	☐
	b. Diabetes *(sugar disease)*	☐	☐
	c. Allergic reactions that interfere with your breathing	☐	☐
	d. Claustrophobia *(fear of enclosed spaces)*	☐	☐
	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 rib	☐	☐
	k. Chest injury or surgery	☐	☐
	l. Any other lung problems that you have been told about	☐	☐

		Yes	No
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 quickly on level ground or uphill	☐	☐
	c. Shortness of breath when walking with other people at an ordinary pace on level ground	☐	☐
	d. Do you stop to catch your breath when walking at your normal pace on level ground?	☐	☐
	e. Shortness of breath when washing or dressing yourself	☐	☐
	f. Shortness of breath which 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 blook in the last month	☐	☐
	k. Wheezing	☐	☐
	l. Wheezing that interfered with your job	☐	☐
	m. Chest pain when breathing deeply	☐	☐
	n. Any other symptom that you think may be related to lung problems	☐	☐
5.	Have you *ever* had any of the following cardiovascular or hearth problems?		
	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	☐	☐

		Yes	No
	h. Any other heart problem 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 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 symptom 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've used a respirator, have you *ever* had any of the following problems? *(If you've never used a respirator, check this box ☐ and then go on 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 healthcare professional who will review this questionnaire about your answers to these questions?	☐	☐

Part A. Section 2b. (MANDATORY)

Questions 10 to 15 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.* **Please, mark *yes* or *no* to indicate your response.**

		Yes	No
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 blindness	☐	☐
	d. 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. Use a hearing aid	☐	☐
	c. Any other hearing or ear problem	☐	☐
14.	Have you *ever* 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 feed	☐	☐
	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 and 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 pounds, or 11.3 kilograms	☐	☐

	Yes	No
j. Any other muscle or skeletal problem that interferes with using a respirator	☐	☐

Part B.

Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the healthcare professional who will review the questionnaire.

		Yes	No
1.	In your current job, are you working at high altitudes *(over 5,000 feet, o 1524 meters)*, or in a place that has lower than normal amounts of oxygen?	☐	☐
	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?	☐	☐
2.	At work or at home, have you ever been exposed to hazardous solvents or hazardous airborne chemicals *(i.e., gases, fumes, dust)*, or has your skin come into contact with hazardous chemicals?	☐	☐
	If yes, name the chemicals *(if you know them)*. ……		
3.	Have you *ever* worked with any of the following materials or under any of the following conditions?	☐	☐
	a. Asbestos	☐	☐
	b. Silica *(i.e., sandblasting)*	☐	☐
	c. Tungsten or cobalt *(i.e., grinding or welding)*	☐	☐
	d. Beryllium	☐	☐
	e. Aluminum	☐	☐
	f. Coal *(i.e., mining)*	☐	☐
	g. Iron	☐	☐
	h. Tin	☐	☐
	i. Dusty environments	☐	☐
	j. Any other hazardous exposures	☐	☐

	Yes	No

k. For each yes *(from question 3)*, describe the exposure.

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4. List any second jobs or side business you have.

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5. List your previous occupations.

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6. List your current and previous hobbies.

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7.	Have you been in the military services?	☐	☐
	If yes, were you exposed to biological or chemical agents *(either in training or combat)*?	☐	☐
8.	Have you *ever* worked on a HAZMAT team?	☐	☐
9.	Other than medications for breathing/lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire *(Part A. Section 2a. Question 7.)*, are you taking any other medications for any reason *(including over-the-counter medications)*?	☐	☐

If yes, name the medications *(if you know them)*.

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		Yes	No
10.	Will you be using any of the following items with your respirator(s)?		
	a. HEPA *(high efficiency particulate air)* Filters	☐	☐
	b. Canisters *(i.e., gas masks)*	☐	☐
	c. Cartridges	☐	☐
11.	How often are you expected to use the respirator(s)? *Indicate Yes or No for all answers that apply to you.*		
	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.	During the period of time that you are wearing the respirator(s), your work effort is:	☐	☐
	a. Light *(burn less than 200 kilocalories per hour)* *Examples of light work effort are* sitting *while writing, typing, drafting, or performing light assembly work; or* standing *while operating a drill press (1-3 pounds, or 0.5-1.4 kilograms) or controlling machines.* If yes, how long does this period of time last during the average work shift? …….hours ……minutes	☐	☐
	b. Moderate *(burn 200 to 350 kilocalories per hour)* *Examples of moderate work effort are* sitting *while nailing or filing;* driving *a truck or bus in an urban setting;* standing *while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 pounds, or 15.9 kilograms) at trunk level;* walking *on a level surface at about 2 miles per hour or down a 5-degree grade at about 3 miles per hour; or* pushing *a wheelbarrow with a heavy load (about 100 pounds, or 45.4 kilograms) on a level surface.* If yes, how long does this period of time last during the average work shift? …….hours ……minutes	☐	☐

		Yes	No
	c. Heavy *(burn more 350 kilocalories per hour)* *Examples of heavy work are* lifting *a heavy load (about 50 pounds, or 22.7 kilograms) 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 at about 2 miles per hour;* climbing *stairs with a heavy load (about 50 pounds, or 22.7 kilograms).* If yes, how long does this period of time last during the average work shift? ……hours ……minutes	☐	☐
13.	Will you be wearing protective clothing and/or equipment *(apart from the respirator)* when you're using your respirator? If yes, describe this protective clothing and/or equipment. …… ……	☐	☐
14.	Will you be working under hot conditions *(temperate exceeding 77℉, or 25℃)*?	☐	☐
15.	Will you be working under humid conditions?	☐	☐
16.	Describe the work you'll be doing while you're using your respirator(s). ……... ……...		
17.	Describe any special or hazardous conditions you might encounter when you're using your respirator(s) *(i.e., confined spaces, life-threatening gases)*. …….. ……..		

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).

a. First toxic substance: ……...……..

i. Estimated maximum exposure level per work shift: …….

ii. Duration of exposure per work shift: ……

b. Second toxic substance: ……

i. Estimated maximum exposure level per work shift: …….

ii. Duration of exposure per work shift: ……

c. Third toxic substance: ……...

i. Estimated maximum exposure level per work shift: …….

ii. Duration of exposure per work shift: ……

d. Any other toxic substances that you'll be exposed to while using your respirator(s).

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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 *(i.e., rescue, security)*.

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Source:
United States Department of Labor
Occupational Safety and Health Administration *(OSHA)*
Respiratory Protection Standard § 1910.134, Appendix C
https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppC

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