



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.

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. Trouble smelling odors: yes    no
d. Claustrophobia (fear of closed-in places) yes    no	e. Allergic reaction that interfere with your breathing? 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 you've been told about yes    no

2. 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 early in the morning: yes    no
- i. Coughing that occurs mostly when you are lying down: 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 ft) 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 (e.g., 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: yes    no	c. Tungsten/Cobalt: yes    no
d. Beryllium: yes    no	e. Aluminum yes    :    no	f. Coal: 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 the exposure:

3. List any second jobs or side businesses you have:


4. List your previous occupations:

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5. List your current & previous hobbies:


7. Have you been in the military service? yes no

If "yes" describe these exposures:


8. Have you ever worked on a HAZMAT team? yes no

9. Other than the 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:


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

a. HEPA Filters	b. Canisters (e.g. gas masks)	c. Cartridges
yes no	yes no	yes no

11. How often are you expected to use the respirator:

a. Escape only; no rescue	b. Emergency rescue only
yes no	yes no
c. Less than 5 hours per week	d. Less than 2 hours per day
yes no	yes no
e. 2 to 4 hours per day	f. Over 4 hours per day
yes no	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.



Name of toxic substance - #2
Estimated maximum exposure level per shift
Duration of exposure per shift

Name of toxic substance - #3
Estimated maximum exposure level per shift
Duration of exposure per shift

Name of toxic substance - #4
Estimated maximum exposure level per shift
Duration of exposure per shift

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well being of others (e.g. rescue, security)


**OSHA Mandatory Respirator Medical Evaluation Questionnaire Reviewed by:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**