Aurora Health Care

Patient Registration

Last Name:_____ **First Name:** _____ **MI:**___

Date of Birth:_____ **Social Security:** _____

Address: _____

_____

City: _____ **State:** _____ **Zip:**_____

Phone: _____

Email: _____

Aurora Health Care® Milwaukee, Wisconsin

Aurora Occupational Health Services

Site: _____ Employer: _____

OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

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 (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. 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.

QUESTIONNAIRE A

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).

1. Today's date: _____
2. Your name: _____
3. Your age (to nearest year): _____ Social Security Number: _____
4. Sex (check 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 (check one): ☐ Yes ☐ No
11. Check the type of respirator you will use (you can check more than one category):
    a. ☐ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
    b. ☐ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
12. Have you worn a respirator (check one): ☐ Yes ☐ No If "yes," what type(s): _____

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 check "yes" or "no").

Yes	No	
☐	☐	1. Do you currently smoke tobacco, or have you smoked tobacco in the last month:
		a. How much per day _____
		b. How many years _____
		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 (except when you had a cold)
		3. Have you ever had any of the following pulmonary or lung problems? If yes, list approximate year of occurence or diagnosis:
☐	☐	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 problem that you've 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 walking 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. Shortness of breath, chest tightness or coughing during or after exercise
☐	☐	h. Coughing that produces phlegm (thick sputum)
☐	☐	i. Coughing that wakes you early in the morning
☐	☐	j. Coughing that occurs mostly when you are lying down
☐	☐	k. Coughing up blood in the last month

Yes No

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

☐ ☐ l. Wheezing

☐ ☐ m. Wheezing that interferes with your job

☐ ☐ n. Chest pain when you breathe deeply

☐ ☐ o. Any other symptoms that you think may be related to lung problems; if yes, specify

_____

5. Have you ever had any of the following cardiovascular or heart problems? If yes, date of occurence:

☐ ☐ 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 _____

☐ ☐ h. Heart palpitations (heart beating rapidly) _____

☐ ☐ i. Any other heart problem that you've been told about; if yes, specify _____

_____

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 symptoms that you think may be related to heart or circulation problems; if yes, specify _____

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 (fits)

8. List the medications you currently take:_____

_____

_____

_____

Yes	No	
		9. Has your wearing a respirator caused any of the following problems? **(If you've never used a respirator, check this box ☐ and go to question 10.)**
☐	☐	a. Eye irritation
☐	☐	b. Skin allergies or rashes
☐	☐	c. Anxiety that occurs when you use the respirator
☐	☐	d. Unusual weakness or fatigue
☐	☐	e. Any other problem that interferes with your use of a respirator
☐	☐	10. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?

Employee Signature _____ Date _____

QUESTIONNAIRE B

Questions 11 to 16 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.

Yes	No	
☐	☐	11. Have you ever lost vision in either eye (temporarily or permanently)?
		12. Do you currently have any of the following vision problems?
☐	☐	a. Wear contact lenses
☐	☐	b. Wear glasses
☐	☐	c. Color blind
☐	☐	d. Any other eye or vision problem
☐	☐	13. Have you ever had an injury to your ears, including a broken ear drum?
		If yes, approximate date of occurence _____
		14. Do you currently have any of the following hearing problems?
☐	☐	a. Difficulty hearing
☐	☐	b. Wear a hearing aid
☐	☐	c. Any other hearing or ear problem
☐	☐	15. Have you ever had a back injury? If yes, approximate date of occurence _____
		16. 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. Difficulty 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
☐	☐	k. Any recent change in bowel or bladder problems

PART B.

Yes	No	
☐	☐	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?
☐	☐	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, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals?
		If "yes," name the chemicals if you know them: _____
		3. Have you ever worked with any of the materials, or under any of the conditions, listed below:
☐	☐	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
		If "yes," describe these exposures: _____
		_____
		_____
		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?
☐	☐	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 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)?
		If "yes," name the medications if you know them: _____

_____ _____

Employee Signature Date

Yes	No	
		10. Will you be using any of the following items with your respirator(s)?
☐	☐	a. HEPA Filters
☐	☐	b. Canisters (for example, gas masks)
☐	☐	c. Cartridges
		11. How often are you expected to use the respirator(s)? (check "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 you are using the respirator(s), is your work effort:
☐	☐	a. Light (less than 200 kcal per hour)

If "yes", how long does this period last during the average shift: _____ hrs _____ min

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 lbs.) or controlling machines.

☐ ☐ b. Moderate (200 to 350 kcal per hour):

If "yes", how long does this period last during the average shift: _____ hrs _____ min

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):

If "yes", how long does this period last during the average shift: _____ hrs _____ min

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?

If "yes," describe this protective clothing and or equipment:_____

_____

☐ ☐ 14. Will you be working under hot conditions (temperature exceeding 77° F)?

☐ ☐ 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) (for example, 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):

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:

_____

_____

_____

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):

_____

_____

_____ _____

Employee Signature Date