East Carolina University

Respirator Medical Evaluation Questionnaire

Can you read: Yes☐ No☐

This questionnaire will be sent to the health care professional at Prospective Health who will review it. If employee is unable to read, an appointment for oral evaluation should be made through Prospective Health.

To maintain your confidentiality, your employer or supervisor must *not look at or review* your answers. Send the completed questionnaire back to Prospective Health in campus mail or deliver it to Prospective Health, 188 Warren Bldg. PLEASE PRINT ALL ANSWERS.

For every employee who has been selected to use any type of respirator.

Part A Section 1

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 Monday – Friday from 8:00am - 5:00pm by the health care professional who reviews this questionnaire (include the Area Code):
   _____
9. You may contact the Prospective Health professional who will review this questionnaire at 744-2070.
10. Check the type of respirator you will use (you can check more than one category):
    a. _____ Disposable dust respirator (filter-mask, non-cartridge type only)
    b. _____ Other type (for example, half- or full-face piece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
11. Have you worn a respirator in the past?: 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").

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:	Yes☐	No☐
3. Have you <u>ever had</u> 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 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 breathing irregularly):	Yes☐	No☐
g. High blood pressure:	Yes☐	No☐
h. Any other heart problem that you've been told about:	Yes☐	No☐

6. Have you ever had any of the following cardiovascular or heart symptoms?

a. Frequent pain or tightness in your chest: Yes☐ No☐

b. Pain or tightness in your chest during physical activity: Yes☐ No☐

c. Pain or tightness in your chest that interferes with 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 is not related to eating: Yes☐ No☐

f. Any other symptoms that you think may be related to heart or circulation problems: Yes☐ No☐

7. Do you currently take medication for any of the following problems?

a. Breathing or lung problems: Yes☐ No☐

b. Heart trouble: Yes☐ No☐

c. Blood pressure: Yes☐ No☐

d. Seizures (fits) Yes☐ No☐

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 go to question 9:)

a. Eye irritation: Yes☐ No☐

b. Skin allergies or rashes: Yes☐ No☐

c. Anxiety: Yes☐ No☐

d. General weakness or fatigue Yes☐ No☐

e. Any other problem that interferes with your use of a respirator Yes☐ No☐

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire? Yes☐ No☐

For employee who has been selected to use either a full-face piece respirator or a self-contained breathing apparatus (SCBA): (Others Skip to <u>Part B</u> below)

10. Have you ever lost vision in either eye (temporary or permanently)? Yes☐ No☐

11. Do you currently have any of the following vision problems?

a. Wear contact lenses: Yes☐ No☐

b. Wear glasses: Yes☐ No☐

c. Color blind: Yes☐ No☐

d. Any other eye or vision problem: Yes☐ No☐

12. Have you ever had an injury to your ears, including a broken ear drum? Yes☐ No☐

13. Do you currently have any of the following hearing problems?

a. Difficulty hearing: Yes☐ No☐

b. Wear a hearing aid: Yes☐ No☐

c. Any other hearing or ear problem: Yes☐ No☐

14. Have you ever had a back injury? Yes☐ No☐

15. Do you currently have any of the following musculoskeletal problems?

a. Weakness in any of your arms, hands, legs, or feet: Yes☐ No☐

b. Back pain: Yes☐ No☐

c. Difficulty fully moving your arms and legs: Yes☐ No☐

d.Pain or stiffness when you lean forward or backward at the waist: Yes☐ No☐

e. Difficulty fully moving your head up or down: Yes☐ No☐

f. Difficulty fully moving your head side to side: Yes☐ No☐

g. Difficulty bending at your knees: Yes☐ No☐

h. Difficulty squatting to the ground: Yes☐ No☐

i. Climbing a flight of stairs or a ladder carrying more than 25lbs: Yes☐ No☐

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

Part B

1. Have you ever worked with any 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_____

_____

2. List any other second jobs or side businesses you have_____

_____

3. How often are you expected to use the respirator(s) (mark "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☐

4. Describe the work you'll be doing while you're using your respirator(s)

_____

_____

5. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases)

_____

_____

6. 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☐

7. Will you be wearing protective clothing and/or equipment (other than respirator) when you're using your respirator? Yes☐ No☐

8. Will you be working under hot conditions (temp. exceeding 77 deg. F)? Yes☐ No☐

EAST CAROLINA UNIVERSITY

EMPLOYEE RESPIRATOR MEDICAL CLEARANCE CERTIFICATION

FORWARD COMPLETED FORM TO ENVIRONMENTAL HEALTH AND SAFETY AT 211 S JARVIS STREET, SUITE 102, GREENVILLE, NC 27858.

EMPLOYEE INFORMATION

EMPLOYEE'S NAME (PRINT): _____

EMPLOYEE'S DEPARTMENT: _____

TYPE(S) OF RESPIRATOR TO BE USED BY EMPLOYEE (TO BE COMPLETED BY EH&S)

(SUBJECT TO MEDICAL CLEARANCE AND SATISFACTORY FIT TEST)

- ☐ DISPOSABLE FILTERING FACE PIECE (E.G., N95, P100, ETC.)
- ☐ AIR-PURIFYING ½ FACE CARTRIDGE RESPIRATOR
- ☐ AIR-PURIFYING FULL FACE CARTRIDGE RESPIRATOR
- ☐ PAPR
- ☐ SUPPLIED AIR RESPIRATOR
- ☐ SCBA

WORK CONDITIONS (TO BE COMPLETED BY EH&S)

FREQUENCY OF RESPIRATOR USE

☐ EMERGENCY ONLY ☐ < 5 HRS/WEEK ☐ < 2 HRS/DAY ☐ 2 – 4 HRS/DAY ☐ > 4 HRS/DAY

CONTAMINANTS REQUIRING USE OF RESPIRATOR

☐ ASBESTOS ☐ PARTICULATES ☐ ORGANIC VAPORS ☐ ALLERGENS ☐ OTHER _____

DESCRIBE WORK TO BE PERFORMED WHILE USING RESPIRATOR: _____

OTHER PPE/EQUIPMENT USED WHILE WEARING RESPIRATOR

☐ LAB COAT ☐ GLOVES ☐ SAFETY GLASSES ☐ SAFETY SHOES ☐ OTHER: _____

RESPIRATOR CLEARANCE LEVEL (TO BE COMPLETED BY PROSPECTIVE HEALTH)

- ☐ NO RESTRICTIONS
- ☐ RESPIRATOR USE IS NOT PERMITTED
- ☐ CONDITIONAL USE: SOME SPECIFIC USE RESTRICTIONS OR MEDICAL REQUIREMENTS

SPECIFY ANY RESTRICTIONS/CONDITIONS OF RESPIRATOR USE/MEDICAL REQUIREMENTS: _____

RECOMMENDED FREQUENCY OF MEDICAL EVALUATION (TO BE COMPLETED BY PROSPECTIVE HEALTH)

- ☐ ONLY WHEN EMPLOYEE REPORTS MEDICAL SIGNS/SYMPTOMS RELATED TO ABILITY TO USE RESPIRATOR; OBSERVATIONS MADE DURING FIT TESTING/PROGRAM EVALUATION INDICATE NEED FOR REEVALUATION; OR A CHANGE OCCURS IN WORKPLACE CONDITIONS THAT MAY RESULT IN A SUBSTANTIAL INCREASE IN THE PHYSIOLOGICAL BURDEN ON THE EMPLOYEE.
- ☐ OTHER (SPECIFY): _____

EMPLOYEE NOTIFICATION (TO BE COMPLETED BY PROSPECTIVE HEALTH)

☐ EMPLOYEE HAS BEEN FORWARDED A COPY OF THIS CERTIFICATION FORM.

_____ Prospective Health, ECU SOM

PHYSICIAN/PRACTITIONER (LHCP) **ORGANIZATION**

_____

DATE OF REVIEW/EVALUATION

QUESTIONS REGARDING THE UNIVERSITY'S RESPIRATORY PROTECTION PROGRAM SHOULD BE DIRECTED TO ENVIRONMENTAL HEALTH & SAFETY BY CALLING 328-6166 OR E-MAILING SAFETY@ECU.EDU.