

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

a. Asbestosis:	Yes	No
b. Asthma:	Yes	No
c. Chronic bronchitis (i.e., ongoing cough or phlegm over several months):	Yes	No
d. Emphysema:	Yes	No
e. Current or frequent 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 in past year or still causing pain:	Yes	No
k. Any chest injuries/ surgeries in past year or still causing pain or breathing problems:	Yes	No
l. Any other long-term or current lung problem 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. Very short of breath when walking fast on level ground or walking up a slight hill or incline:	Yes	No
c. Very short 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. Cough 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. Do you currently have any of the following cardiovascular or heart problems?

a. Heart attack in past year or current symptoms:	Yes	No
b. Stroke in past year or current symptoms:	Yes	No
c. Current angina:	Yes	No
d. Heart failure:	Yes	No
e. Current swelling in your legs or feet (not caused by walking):	Yes	No
f. Heart arrhythmia (heart beating irregularly):	Yes	No
g. Uncontrolled high blood pressure (>140/90):	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
e. Do you have any side effects of any medication that might affect your ability to use a respirator?:	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 the following space 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

10. Apart from patient care, describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well being of others?:

The information supplied in this questionnaire is true to the best of my knowledge.

Employee Signature

Date

Reviewing Health Care Professional Comments:

Reviewing Health Care Professional Comments:

- Medically Fit- No medical condition that would place the employee at increased risk to wear respiratory protection**
- Fitness Determination Pending -** _____
- Medically Fit with the following restrictions:** _____
- Not Medically Fit: Reason** _____

Signature of Health Care Professional

Printed Name

Date

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