Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator. (please circle "Yes" or "No").

1. Yes No Do you currently smoke tobacco, or have you smoked tobacco in the last month?

2. Have you ever had any of the following conditions?
   - Yes No 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

3. Have you ever had any of the following pulmonary or lung problems?
   - Yes No 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

4. Do you currently have any of the following symptoms of pulmonary or lung disease?
   - Yes No a. Shortness of breath
   - Yes No b. Shortness of breath when walking 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
5. Have you ever had any of the following cardiovascular or heart problems?
   Yes No  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
   Yes No  g. High blood pressure
   Yes No  h. Any other heart problem that you’ve been told about

6. Have you ever had any of the following cardiovascular or heart symptoms?
   Yes No  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 might be related to heart or circulation problems

7. Do you currently take medication for any of the following problems?
   Yes No  a. Breathing or lung problems
   Yes No  b. Heart trouble
   Yes No  c. Blood pressure
   Yes No  d. Seizures (fits)

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)
   Yes No  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 problems that interfere with your use of a respirator

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

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

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

11. Yes No Do you currently have any of the following vision problems?
    Yes No  a. Wear contact lenses
    Yes No  b. Wear glasses
    Yes No  c. Color blindness
    Yes No  d. Any other eye or vision problems
12. Yes No 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. Wear a hearing aide
   - c. Any other hearing or ear problems

14. Yes No 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 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. 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.

TO THE PLHCP

Check ✓ the ONE that applies

☐ I have reviewed Part A Section 2 of this questionnaire with the employee and I do not recommend that a physical examination be performed.

☐ I have reviewed Part A Section 2 of this questionnaire with the employee and I am recommending that a physical examination be performed.

☐ I have reviewed Part A section 2 of this questionnaire without the employee and I do not recommend that a physical examination be performed.

☐ I have reviewed Part A Section 2 of this question without the employee and I am recommending that a physical examination be performed.

______________________________  ________________________________
PLHCP Signature                                                                  Employee Signature
                                                                                   (When Available)

______________________________
Date
**OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE**

PART B of this OSHA Questionnaire is discretionary. The health care professional who will be reviewing this questionnaire will determine if this part needs to be completed by the employee.

**Part B  (DISCRETIONARY)**

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. **Yes No** 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
   If "Yes", do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you are working under these conditions?

2. **Yes No** At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (for example: gases, fumes, or solvents)?
   - Yes
   - No
   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:**
   - Yes
   - No
   - Asbestos
   - Silica (for example: sandblasting)
   - Tungsten/Cobalt (for example: grinding or welding this material)
   - Beryllium
   - Aluminum
   - Coal (for example: mining)
   - Iron
   - Tin
   - Dusty Environments
   - 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. **Yes No** Have you been in the military services?
   - Yes
   - No
   If "Yes", were you exposed to biological or chemical agents (either in training or combat)

8. **Yes No** Have you ever worked on a HAZMAT team?

9. **Yes No** 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)
   - Yes
   - No
   If “Yes”, name the medications if you know them: ________________________________

**TO BE FILED IN EMPLOYEE’S MEDICAL FILE**

Print Date: 06/21/2017
Revision Date: 10/06/2003
10. Will you be using any of the following items with your respirator:
   - Yes No a. HEPA Filters
   - Yes No b. Canisters (for example; gas masks)
   - Yes No c. Cartridges

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)
   - Yes No 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

12. During the period you are using the respirator(s), is your work effort:
   - Yes No a. Light (less than 200 kcal per hour)
     Examples of light work are sitting while writing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.
     If “Yes”, how long does this period last during the average shift: _______hrs. _________mins.
   - Yes No b. Moderate (200 to 350 kcal per hour)
     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.
     If “Yes”, how long does this period last during the average shift: _______hrs. _________mins.
   - Yes No c. Heavy (above 350 kcal per hour)
     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.)
     If “Yes”, how long does this period last during the average shift: _______hrs. _________mins.

13. Yes No 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. Yes No Will you be working under hot conditions (temperature exceeding 77 deg. F)

15. Yes No 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):

TO BE FILED IN EMPLOYEE’S MEDICAL FILE
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:**

- **Name of first toxic substance:**
  - Estimated maximum exposure per shift:
  - Duration of exposure per shift:

- **Name of second toxic substance:**
  - Estimated maximum exposure per shift:
  - Duration of exposure per shift:

- **Name of third toxic substance:**
  - Estimated maximum exposure per shift:
  - Duration of exposure per shift:

- **Name of any other toxic substances that you’ll be exposed to while using your respirator(s):**

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):**

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**Appendix D to Section 1910.134 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard**

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not represent a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U. S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, fumes, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else’s respirator.