

RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

MSU Respiratory Protection Program

Respirator must be used in workplaces where individuals are exposed to hazardous airborne contaminants. When respiratory protection is required, individuals **must** enroll in the MSU Respiratory Protection Program using the MSU EH&S Initial Respirator Clearance and Enrollment form. Before wearing a respirator, individuals must be medically evaluated using this Medical Questionnaire and approved by a healthcare provider as documented in the MSU EH&S Initial Respirator Clearance and Enrollment form. Before using respirator protection, the individual must receive training. To determine if respiratory protection is needed, a workplace risk assessment must be performed by qualified MSU EH&S staff.

Medical Evaluation and Questionnaire Requirements

- The individual must identify a physician or other licensed health care professional to perform all medical evaluations using this medical questionnaire or a medical examination that obtains the same information.
- The medical evaluation must obtain the information requested in Part A, Sections 1 and 2. The questions in Part B may be added at the discretion of the health care professional.
- The employer must ensure that a follow-up medical examination is provided for any individual who gives a positive response to any question among questions 1 through 8 in Part A, Section 2, or whose initial medical examination demonstrates the need for a follow-up medical examination. The employer must provide the individual with an opportunity to discuss the questionnaire and examination results with the licensed health care professional.
- The medical questionnaire and examinations must be administered confidentially during the individuals's normal working hours or at a time and place convenient to the individual and in a manner that ensure that he or she understands its content. The employer must not review the individual's responses, and the questionnaire must be provided directly to the licensed health care professional.
- The licensed health care professional provides the employer with an approval for the individual to use respiratory protection.

Employer: By requirements, answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not required a medical examination. Under the discretion of the licensed health care professional, additional examination or testing may be required to make a final determination on the employee's ability to use a respirator.

Individual: 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 supervisor must not look at or review your answers. Your employer must tell your how to deliver or send this questionnaire to the licensed health care professional who will review it and/or to go to for testing/examination by the licensed health care professional.

Once filled out, the attached questionnaire must be given to a licensed health care professional. This form should not be submitted to your supervisor or MSU EH&S. Using the Initial Respirator Clearance form, the licensed health care professional must provide MSU EH&S will an approval indicating the employee is cleared to wear the type(s) of respiratory protection indicated.



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Part A Section 1. (Mandatory)

The following information must be provided by every individual who has been selected to use any type of respirator (please print).

1. Today's Date: _____
2. Your Name: _____
3. Your Age (to the nearest year): _____
4. Sex: 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 licensed 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 how to contact the licensed health care professional who will review this questionnaire: 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 (circle one): Yes No
If "yes", what type(s): _____

Part A Section 2. (Mandatory)

Questions 1 through 9 below must be answered by every individual 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? | | |
| 2. Have you ever had any of the following conditions? <ol style="list-style-type: none">a. Seizuresb. Diabetesc. Allergic reactions that interfere with your breathingd. Claustrophobia (fear of closed-in places)e. Trouble smelling odors | | |
| 3. Have you ever had any of the following pulmonary or lung problems? <ol style="list-style-type: none">a. Asbestosisb. Asthmac. Chronic bronchitisd. Emphysemae. Pneumonia | | |



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Yes

No

- f. Tuberculosis
 - g. Silicosis
 - h. Pneumothorax (collapsed lung)
 - i. Lung cancer
 - j. Broken ribs
 - k. Any chest injuries or surgeries
 - l. Any other lung problems that you have 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
 - c. Shortness of breath when walking with other people at an ordinary pace
 - 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. Coughing that produces phlegm (thick sputum)
 - h. Coughing that wakes you early in the morning
 - i. Coughing that occurs mostly when you are lying down
 - j. Coughing up blood in the last month
 - k. Wheezing
 - l. Wheezing that interferes with your job
 - m. Chest pain when you breathe deeply
 - 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?
- 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. Any other heart problem that your have been told about
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 symptoms that you think may be related to heart or circulation problems
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
8. If you have used a respirator, have you ever had any of the following problems?
- a. Eye irritation
 - b. Skin allergies or rashes
 - c. Anxiety
 - d. General weakness or fatigue



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Yes No

9. Would you like to speak to the licensed healthcare professional who will review this questionnaire about your answers to this questionnaire?

Questions 10 to 15 below must be answered by every individual 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.

10. Have you ever lost vision in either eye (temporary or permanently)?
11. 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
12. Have you every had an injury to your ears, including a broken eardrum?
13. 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
14. 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 in your arms and legs
 - d. Pain and 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 problems that interferes with using a respirator

Part B. (Optional) Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the licensed health care professional who will review the questionnaire.

Yes No

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?

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. At work or at home, how you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have your come into skin contact with hazardous chemicals?

If "yes", name the chemicals if you know them:



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Yes

No

3. Have you ever worked with any of the materials, or under any conditions, listed below?

- a. Asbestos
- b. Silica (e.g., in sandblasting)
- c. Tungsten (e.g., grinding or welding this material)
- d. Cobalt (e.g., grinding or welding this material)
- e. Beryllium
- f. Aluminum
- g. Coal (e.g., mining)
- h. Iron
- i. Tin
- j. Dusty environments
- k. Any other hazardous exposures: _____

4. List any second jobs or side business 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," list the medications: _____

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)

- 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



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Yes

No

12. During the period you are using the respirator(s), is your work effort:

- a. Light (examples of light work include sitting while working, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3) or controlling machines).

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

- b. Moderate (examples of moderate work 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 5-degree grade and 3mph; 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

- c. Heavy (examples of heavy work are lifting a heavy load (about 50 lbs) from the floor to your waist or shoulder; working on a load 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. Will you be wearing protective clothing and/or equipment (other than the respirator) when you are using your respirator?

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

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

15. Will you be working under humid conditions?

16. Describe the work you will be doing while you are using your respirator(s): _____

17. Describe any special or hazardous conditions you might encounter when you are using your respirator(s): _____

18. Provide the following information, if you know it, for each toxic substance that you will be exposed to when you are using your respirator(s):

Name of the first toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____



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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 will be exposed to while using your respirator:

19. Describe any special responsibilities you will have while using your respirator(s) that may affect the safety and well-being of others (for example: rescue, security):

