Yale Health Center
55 Lock Street
PO Box 208237
New Haven, CT. 06520
203-432-0071

Department of Employee Health
OSHA Respirator Medical Evaluation Questionnaire

Please note: This form will be reviewed by the Department of Employee Health (see Part A, Section I, Question 10). If you have any questions, please contact the Department of Employee Health at 203-432-0071.

If you would like to complete this form electronically, visit https://ehs.yale.edu/sites/default/files/files/respirator-medical-questionnaire.pdf

Please upload the completed form to:
https://healthontrack.yale.edu

For Employee Health Use Only			
☐	N95/100	☐	Full Face Neg Press
☐	PAPR	☐	SCBA
☐	½ Face Neg Press	☐	Airline Resp

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? ☐ 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 healthcare professional who will review it.

PART A, Section I (Mandatory)

The following information must be provided by every employee who has been selected to use any type of respirator.

1.) Today's Date:

2.) Your Name:

3.) Your age *(to nearest year):*	4.) Sex: ☐ Male ☐ Female
5.) Your height: ft. in.	6.) Your weight: lbs.

7.) Your job title:

8.) Phone number you can be reached by healthcare professional who reviews this questionnaire *(including area code):*

9.) Best time to phone you at this number:

10.) Has your employer told you how to contact the healthcare professional who will review this questionnaire? ☐ Yes ☐ No

11.) Check the type of respirator you will use (you can check more than one category):
- ☐ N,R or P disposable respirator (filter-mask, non-cartridge type only)
- ☐ Other type (example: half-or full-face piece type, powered air purifying, supplied-air, self-contained breathing apparatus)

12.) Have you worn a respirator? ☐ Yes ☐ No If yes, what types(s):

Part A, Section II (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 ever had 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 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 beating irregularly)…….. ☐Yes ☐No
g.) High blood pressure……..…….…… ☐Yes ☐No
h.) Any other heart problem that you've been told about..……...…. ☐Yes ☐No

Part A, Section II (Continued)

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 used a respirator, have you ever had any of the following problems? If you have never used a respirator, check here ☐ 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 healthcare professional who will review this questionnaire regarding your answers..... ☐Yes ☐No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-face piece respirator or a self-contained breathing apparatus (SCBA).

10.) Have you ever lost vision in either eye (temporarily 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 problems…… ☐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 full 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 25 lbs…… ☐Yes ☐No
j.) Any other muscle or skeletal problem that interferes with using a respirator…… ☐Yes ☐No

Part B

1.) 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 materials?.... ☐Yes ☐No

If yes, name the chemicals if you know them:

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

a.) Absestos…….…… ☐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 (e.g., mining)…… ☐Yes ☐No
g.) Iron…… ☐Yes ☐No
h.) Tin…… ☐Yes ☐No
i.) Dusty environments…… ☐Yes ☐No
j.) Any other hazardous exposures (if yes, describe the exposures)…… ☐Yes ☐No

3.) List any second jobs or side businesses you have:

4.) List your previous occupations:

5.) List your current and previous hobbies:

6.) Have you been in the military services?..... ☐Yes ☐No

If yes, were you exposed to biological or chemical agents (either in training or combat)?..... ☐Yes ☐No

7.) Have you ever worked on a HAZMAT team?..... ☐Yes ☐No

8.) 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:

Part B (Continued)

9.) Will you be using any of the following items with your respirator(s)?

a.) HEPA filters…… ☐Yes ☐No
b.) Canisters (for example, gas masks)..…… ☐Yes ☐No
c.) Cartridges…… ☐Yes ☐No

10.) How often are you expected to use the respirator(s) (check all that apply)?

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

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

☐Light ☐Moderate ☐Heavy

12.) When you are using your respirator, will you be wearing protective clothing and/or equipment (other than the respirator)..... ☐Yes ☐No

If yes, describe the protective clothing and/or equipment:

13.) Will you be working under hot conditions (temperature exceeding 77 degrees)?..... ☐Yes ☐No

14.) Will you be working under humid conditions?..... ☐Yes ☐No

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

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

Signature:	Date:
Date of birth:	NetID

Employer's Information

Type of respirator:
Weight of respirator:
Expected physical work effort when respirator is in use:
Additional protective equipment to be worn:
Please note any extreme of temperature or humidity: