



Rutherford County Government

OSHA Respirator

Medical Evaluation Questionnaire

Can employee read (circle one): Yes or No

Supervisors must allow employees to answer this questionnaire during normal working hours, or a time and place convenient to the employee. To maintain employee's confidentiality, the supervisor must not look or review completed forms. It is RCG's responsibility to tell employees how to submit this questionnaire to the medical care professional for review.

Part A-section 1

Mandatory *please print*

Every employee selected to use **ANY** type of respirator must answer the following

Name	Today's Date
Job Title	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Age	Height ___ ft ___ in Weight ___ lbs
Phone Number ()	Best time to reach you?
Do you have the contact information of the medical professional reviewing this questionnaire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you worn a Respirator? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," list the type(s) of respirator you have worn.
Check the type of respirator you will use (check all that apply): ___ N, R or P disposable respirator (filter-mask, non-cartridge type only). ___ Other type (for example, half- or full face piece, powered-air purifying, supplied-air, self-contained breathing apparatus).	

Part A –section 2**Mandatory** *please print:*Every employee selected to use **ANY** type of respirator must answer the following:

Do you currently smoke or have smoked tobacco in the last month?	YES	No
Do you currently have or have ever had any of the following conditions?		
Seizures	Yes	No
Trouble smelling odors	Yes	No
Diabetes	Yes	No
Claustrophobia (fear of closed spaces)	Yes	No
Allergic reactions that interfere with breathing	Yes	No
Have you experienced any of the following conditions in the past or currently?		
Asbestosis	Yes	No
Asthma	Yes	No
Chronic bronchitis	Yes	No
Emphysema	Yes	No
Pneumonia	Yes	No
Tuberculosis	Yes	No
Silicosis	Yes	No
Pneumothorax (collapsed lung)	Yes	No
Lung cancer	Yes	No
Broken ribs	Yes	No
Any chest injuries or surgeries	Yes	No
Any other lung problems	Yes	No
Do you currently have any of the following symptoms?		
Shortness of breath	Yes	No
Shortness of breath when walking fast on level ground	Yes	No

Shortness of breath when walking up a slight hill or incline	Yes	No
Shortness of breath when walking with others on level ground ordinary pace	Yes	No
Shortness breath when walking at own pace on level ground	Yes	No
Shortness of breath when washing or dressing	Yes	No
Shortness of breath that interferes with work	Yes	No
Coughing that produces phlegm (thick sputum)	Yes	No
Coughing that wakes you early in the morning	YES	No
Coughing that occurs mostly when lying down	YES	No
Coughing up blood in the last month	YES	No
Wheezing	YES	No
Wheezing that interferes with work	YES	No
Chest pain when deep breathing	YES	No
Any other lung conditions?	YES	No
Have you ever had any of the following heart conditions?		
Heart attack	YES	No
Stroke	YES	No
Angina	YES	No
Heart failure	YES	No
Swelling in legs or feet (not caused by walking)	YES	No
Heart arrhythmia (irregular heart beat)	YES	No
High blood pressure	YES	No
Any other heart conditions?	YES	No
Have you experienced any of the following symptoms in the past or currently?		
Frequent pain or tightness in chest	YES	No
Pain or tightness in chest during physical activity	YES	No
Pain or tightness in chest that interferes with work	YES	No
Skipped or missed heart beats in the past two years	YES	No

Heartburn or indigestion not related to eating	YES	NO
Any other symptoms that may be related to heart or circulatory problems?	YES	NO
Are you currently taking medication for any of the following conditions?		
Lungs	YES	NO
Heart	YES	NO
Blood pressure	YES	NO
Seizures	YES	NO
Have you ever experienced any of the following problems while using a respirator? If you have not used a respirator, proceed to the next question.		
Eye irritation	YES	NO
Skin allergies or rashes	YES	NO
Anxiety	YES	NO
General weakness or fatigue	YES	NO
Any other problems that interferes with use of a respirator	YES	NO
Would you like to talk to the medical professional reviewing this questionnaire about your answers?	YES	NO

Part A –section 3 Mandatory

Employees selected to use **full face respirator** or **self-contained breathing apparatus (SCBA)** respirator must answer the following section. Answering Part A-section 3 voluntary for employees selected to use other types of respirators.

Have you ever lost vision in either eye (temporarily or permanently)	YES	NO
Do you currently have any of these vision conditions?		
Wear contact lenses	YES	NO
Wear glasses	YES	NO
Color blind	YES	NO
Any other eye or vision problem	YES	NO
Have you experienced an injury to your ear, like a broken ear drum?	YES	NO
Do you currently have any of the following hearing conditions?		
Difficulty hearing	YES	NO
Wear a hearing aid	YES	NO
Any other hearing or ear condition	YES	NO
Have you experienced a back injury?	YES	NO
Do you currently have any of the following musculoskeletal conditions?		
Weakness of arms, hands, legs, or feet	YES	NO
Back pain	YES	NO
Pain or stiffness when leaning forward or backward at the waist	YES	NO
Difficulty moving head up or down	YES	NO
Difficulty moving head side to side	YES	NO
Difficulty bending at the knees	YES	NO
Difficulty squatting to the ground	YES	NO
Climbing a flight of stairs or a ladder carrying more than 25-lbs	YES	NO
Any other muscle/skeletal conditions that interferes with using a respirator?	YES	NO

Part B –section 1

The medical professional reviewing this questionnaire has the right to request answers to any of the following questions and other questions not listed.

Do you work at high altitudes over 5,000 feet or in a place with lower than normal oxygen?	YES	NO
If yes, do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when working under these conditions?	YES	NO
Have you ever been exposed to hazardous solvents, hazardous airborne chemicals (gases, fumes or dust) or had skin contact with hazardous chemicals?	YES	NO
If yes, what chemicals?		
Have you ever worked with any of the materials or the conditions listed below?		
Asbestos	YES	NO
Silica	YES	NO
Tungsten/cobalt (e.g. grinding or welding this material)	YES	NO
Beryllium	YES	NO
Aluminum	YES	NO
Coal (for example, mining)	YES	NO
Iron	YES	NO
Tin	YES	NO
Dusty environments	YES	NO
Other hazardous exposures	YES	NO
If yes, describe exposures		
List second jobs or side businesses		
List previous occupation		
List hobbies		
Have you served in the military services?	YES	NO
If yes, were you exposed to biological or chemical agents in training or combat?	YES	NO
Have you ever worked on a HAZMAT team?	YES	NO

Are you taking medications prescriptions or over-the-counter other than medications previously listed in this questionnaire?	YES	No
If yes, list medications.		
Will you use any of the following with the respirator(s)?		
HEPA filters	YES	No
Canisters (for example, gas masks)	YES	No
Cartridges	YES	No
How often are you expected to use the respirator(s) - check all that apply		
Escape only (no rescue)	YES	No
Emergency rescue only	YES	No
Less than 5-hours per week	YES	No
Less than 2-hours per day	YES	No
2 to 4 hours per day	YES	No
Over 4-hours per day	YES	No
While using the respirator, is your work effort:		
Light - <i>sitting</i> while writing, typing, drafting, or performing light assembly work or <i>standing</i> while operating drill press 1-3 pounds or controlling machines	YES	No
If yes, how long does this period last during the normal work day?	HRS	MINS
Moderate - <i>sitting</i> while nailing or filing; <i>driving</i> truck or bus; <i>standing</i> while drilling, nailing, performing assembly work or transferring load of about 35 pounds at trunk level; <i>walking</i> on a level surface about 2 miles per hour or down a 5°grade about 3 miles per hour or <i>pushing</i> a wheelbarrow with a heavy load of about 100 pounds on a level surface.	YES	No
If yes, how long does this period last during the normal work day?	HRS	MINS
Heavy - <i>lifting</i> a heavy load of about 50 pounds from the floor to employee's waist or shoulder; working on a loading dock; <i>shoveling</i> ; <i>standing</i> while bricklaying or chipping castings; <i>walking</i> up an 8° grade about 2 miles per hour; <i>climbing</i> stairs with a heavy load of about 50 pounds.	YES	No
If yes, how long does this period last during the normal work day?	HRS	MINS

Will you be using other protective clothing and/or equipment with the respirator?	YES	NO
If yes, describe the protective clothing and/or equipment		
Will you be working under hot conditions (temperature exceeding 77°F)	YES	NO
Will you be working under humid conditions	YES	NO
Describe the work you will do while using the respirator		
Describe any hazardous conditions you may encounter when using the respirator		
Provide known information for substances you may exposed to when using the respirator:		
Name of toxic substance		
Estimated maximum exposure level per shift	Duration of exposure per shift	
Name of toxic substance		
Estimated maximum exposure level per shift	Duration of exposure per shift	
Name of toxic substance		
Estimated maximum exposure level per shift	Duration of exposure per shift	
Describe other responsibilities you will have while using respirator that may affect the safety and well-being of others (rescue, security).		

I certify that above answers are herein true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to disciplinary action – up to and including termination.

Employee's Signature

Date