

EMPLOYEE HEALTH SERVICES RESPIRATOR QUESTIONNAIRE SUPPLEMENT

This questionnaire is used in determining whether or not you have a medical condition that may affect your ability to safely wear a respirator. Fit testing is also required and is done separately. All medical information is confidential.

The following information must be provided by every employee who has been selected to use SCBA/full-face respirator equipment (PLEASE PRINT).

Date:	Name:	University ID Number: (2P#)
Job Title:	Department:	Work Phone Number:

Questions 1 through 24 must be answered by every employee who has been selected to use SCBA/full-face respirator equipment (please circle "Y" or "N").

1. Have you ever lost vision in either eye (temporarily or permanently)?	Y	N
2. Do you currently have any of the following vision problem?		
a. Wear Contact Lenses	Y	N
b. Wear Glasses	Y	N
c. Color Blindness	Y	N
d. Any other eye or vision problem	Y	N
3. Have you ever had an injury to your ears, including a broken ear drum?	Y	N
4. Do you currently have any of the following hearing problems?		
a. Difficulty hearing	Y	N
b. Wear a hearing aid	Y	N
c. Any other hearing or ear problem	Y	N
5. Have you ever had a back injury?	Y	N
6. Do you currently have any of the following musculoskeletal problems?		
a. Weakness in your arms, hands, legs or feet	Y	N
b. Back pain	Y	N
c. Difficulty fully moving your arms and/or legs	Y	N
d. Pain or stiffness when you lean forward or backward at the waist	Y	N
e. Difficulty fully moving your head up or down	Y	N
f. Difficulty fully moving your head side to side	Y	N
g. Difficulty bending at your knees	Y	N
h. Difficulty squatting to the ground	Y	N
i. Climbing a flight of stairs or a ladder carrying more than 25 lb.	Y	N
j. Any other muscle or skeletal problem that interferes with using a respirator	Y	N
7. 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?	Y	N
If "Yes", do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these Conditions?	Y	Y
8. 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 chemicals?	Y	N
If "Yes", name the chemicals (if you know them): _____		
9. Have you ever worked with any of the materials, or under any of the conditions, listed below?	Y	N
a. Asbestos	Y	N
b. Silica (e.g. in sandblasting)	Y	N
c. Tungsten/cobalt (e.g. grinding or welding this material)	Y	N
d. Beryllium	Y	N
e. Aluminum	Y	N
f. Coal (for example, mining)	Y	N
g. Iron	Y	N
h. Tin	Y	N
i. Dusty environments	Y	N
j. Any other hazardous exposures	Y	N
If "Yes" describe these exposures: _____		
10. List any second jobs or side businesses you have:		
11. List your previous occupations:		
12. List your current and previous hobbies:		
13. Have you been in the military services?	Y	N
If "Yes" were you exposed to biological or chemical agents (either in training or combat)?	Y	N
14. Have you ever worked on a HAZMAT team?	Y	N
15. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in the Particulate Respirator Medical Evaluation questionnaire, are you taking any other medications for any reason (including over-the-counter medications)?	Y	N
If "Yes" name the medications (if you know them): _____		
16. How often are you expected to use the respirator(s) (circle Y or N for all answers that apply to you)?		
a. Escape only (no rescue)	Y	N
b. Emergency rescue only	Y	N
c. Less than 5 hours per week	Y	N
d. Less than 2 hours per day	Y	N
e. 2-4 hours per day	Y	N
f. Over 4 hours per day	Y	N

UPMC WORK PARTNERS RESPIRATOR QUESTIONNAIRE SUPPLEMENT

17. During the period you are using the respirator(s), is your work effort: a. LIGHT (less than 200 kcal per hour) If "Yes" how long does this period last during the average shift: _____ hours _____ minutes Examples of a light work effort are <u>sitting</u> while writing, typing, drafting, or performing light assembly work; or <u>standing</u> while operating a drill press (1-3 lb) or controlling machines.	Y	N
b. MODERATE (200 to 350 kcal per hour) If "Yes" how long does this period last during the average shift: _____ hours _____ minutes Examples of moderate work effort are <u>sitting</u> while nailing or filing; <u>driving</u> a truck or bus in urban traffic; <u>standing</u> while drilling, nailing, Performing assembly work, or transferring a moderate load (about 35 lb) at trunk level; <u>walking</u> on a level surface about 2 mph or down a 5-degree grade about 3 mph; or <u>pushing</u> a wheelbarrow with a heavy load (about 100 lb) on a level surface.	Y	N
c. HEAVY (above 350 kcal per hour) If "Yes" how long does this period last during the average shift: _____ hours _____ minutes Examples of heavy work are <u>lifting</u> a heavy load (about 50 lb) from the floor to your waist or shoulder; working on a loading dock; <u>shoveling</u> ; <u>standing</u> while bricklaying or chipping castings; <u>walking</u> up an 8-degree grade about 2mph; climbing stairs with a heavy load (about 50 lb).	Y	N
18. 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: _____	Y	N
19. Will you be working under hot conditions (temperature exceeding 77 degrees F)?	Y	N
20. Will you be working under humid conditions?	Y	N
21. Describe the work you'll be doing while you're using your respirator: _____		
22. Describe any special or hazardous conditions you might encounter when you're using your respirator(s). (Example: confined space, life-threatening gases): _____		
23. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):		
a. Name of the first toxic substance: _____ Estimated maximum exposure level per shift:: _____ Duration of exposure per shift: _____		
b. Name of the second toxic substance: _____ Estimated maximum exposure level per shift:: _____ Duration of exposure per shift: _____		
c. Name of the third toxic substance: _____ Estimated maximum exposure level per shift:: _____ Duration of exposure per shift: _____		
d. The name of any other toxic substances that you'll be exposed to while using your respirator: _____ _____		
24. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others. (Example: rescue, security): _____ _____ _____		

Employee Signature	Date
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<input type="radio"/> Approved <input type="radio"/> Denied <input type="radio"/> Approved w/restrictions <input type="radio"/> More information needed	
Remarks:	
Physician/Nurse Signature	Date