MONTCLAIR STATE UNIVERSITY
Occupational Health

Occupational Health
Blanton Hall, First Floor
Office: 973-655-5014

Medical Questionnaire for Respirator Users

Instructions

Part A. Please fill out this questionnaire related to your former, current, or anticipated use of a respirator. When completed, please email completed form to OHD@montclair.edu, or deliver to Occupational Health (Blanton Hall) Room 1201 or send via interoffice mail to OHD. **Note: Please do not forget to sign and date the last page. Section 1 (Mandatory)**

The following information must be provided by every employee 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 (circle one):** ☐**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 health care professional who reviews this questionnaire:** (___) - _____
9. **The best time to phone you at this number:** _____
10. **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 (e.g., half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
11. **Have you worn a respirator (circle one): Yes/No**
    a. If yes, what type: _____

MONTCLAIR STATE UNIVERSITY
Occupational Health

Occupational Health
Blanton Hall, First Floor
Office: 973-655-5014

Part A, Section 2 (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").

		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?**		
	a. Seizures	☐	☐
	b. Diabetes (sugar disease)	☐	☐
	c. Allergic reactions that interfere with your breathing	☐	☐
	d. Claustrophobia (fear of closed-in places)	☐	☐
	e. Trouble smelling odors	☐	☐
3.	**Have you *ever had* any of the following pulmonary or lung problems?**		
	a. Asbestosis	☐	☐
	b. Asthma	☐	☐
	c. Chronic bronchitis	☐	☐
	d. Pneumonia	☐	☐
	e. Silicosis	☐	☐
	f. Pneumothorax (collapsed lung)	☐	☐
	g. Lung cancer	☐	☐
	h. Broken ribs	☐	☐
	i. Any chest injuries or surgeries	☐	☐
	j. Any other lung problem that you've 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 or incline	☐	☐
	c. Shortness of breath when walking with other people at an ordinary pace on level ground	☐	☐
	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	☐	☐

Occupational Health
Blanton Hall, First Floor
Office: 973-655-5014

		Yes	No
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 legs or feet (not caused by walking)	☐	☐
f.	Heart arrhythmia (heart beating irregularly)	☐	☐
g.	High blood pressure	☐	☐
h.	Any other heart problem that you've 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 other symptoms you 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'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):

a.	Eye irritation	☐	☐
b.	Skin allergies or rashes	☐	☐
c.	Anxiety	☐	☐

Occupational Health
Blanton Hall, First Floor
Office: 973-655-5014

d.	General weakness or fatigue	☐	☐
e.	Any other problem that interferes with your use of a respirator	☐	☐

		Yes	No
9.	**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 a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

		Yes	No
10.	**Have you *ever* lost vision in either eye (temporarily 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 *ever 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 your arms and legs	☐	☐
d.	Pain and stiffness when you leave forward or backward at the waist	☐	☐
e.	Difficulty moving your head up or down	☐	☐
f.	Difficulty moving your head side to side	☐	☐
g.	Difficulty bending at your knees	☐	☐
h.	Difficulty squatting to the ground	☐	☐
i.	Difficulty climbing a flight of stairs or a ladder carrying more than 25 lbs.	☐	☐
j.	Any other muscle or skeletal problem that interferes	☐	☐

MONTCLAIR STATE UNIVERSITY
Occupational Health

Occupational Health
Blanton Hall, First Floor
Office: 973-655-5014

Part B, Section 1 (To be completed at your appointment)

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. **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?
   ☐ Yes ☐ No

2. **At work or at home, have you ever been exposed to hazardous solvents or hazardous airborne chemicals (for example: gasses, 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
a. Asbestos	☐	☐
b. Silica (for example: sandblasting)	☐	☐
c. Tungsten/cobalt (for example: grinding or welding this material)	☐	☐
d. Beryllium	☐	☐
e. Aluminum	☐	☐
f. Coal (for example: mining)	☐	☐
g. Iron	☐	☐
h. Tin	☐	☐
i. Dusty environments	☐	☐
j. Any other hazardous exposures	☐	☐

   If yes to any of the above, describe these exposures:

   _____

_____

4. **List any second jobs or side businesses you have:**

Occupational Health
Blanton Hall, First Floor
Office: 973-655-5014

5. **List your previous occupations:**

_____

_____

6. **List your current and previous hobbies:**

_____

_____

7. **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

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

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)**
☐ Yes ☐ No

   If yes, name the medications if you know them:

_____

10. **Will you be using any of the following items with your respirator:**

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

11. **How often are you expected to use the respirator(s)?**
☐ Escape only (no rescue)
☐ Emergency rescue only
☐ Less than 5 hours per week

Occupational Health
Blanton Hall, First Floor
Office: 973-655-5014

☐ Less than 2 hours per day
☐ 2 to 4 hours per day
☐ Over 4 hours per day

12. **During the period you are using the respirator(s), is your work effort:**
    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
    ☐ Yes ☐ No
    If yes, how long does this period last during the average shift: _____ hrs _____ mins

    b. Moderate (200 to 350 kcal per hour)
    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 at 5 – degree grade about 3 mph, or pushing a wheelbarrow with a heavy load (about 100 lbs) on a level surface
    ☐ Yes ☐ No
    If yes, how long does this period last during the average shift: _____ hrs _____ mins

    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)
    ☐ Yes ☐ No
    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're using your respirator?**
    ☐ Yes ☐ No
    If yes, describe this protective clothing and/or equipment:

    _____

    _____

14. **Will you be working under hot conditions (temperature exceeding 77 deg. F)?**
    ☐ Yes ☐ No

15. **Will you be working under humid conditions?**
    ☐ Yes ☐ No

16. **Describe the work you'll be doing while you're using your respirator(s):**

    _____

    _____

Occupational Health
Blanton Hall, First Floor
Office: 973-655-5014

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

_____

_____

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(s):**

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):**

_____

_____

I, _____, certify that the above information is accurate and complete to the best of my knowledge.

_____ _____

Signature Date

This medical questionnaire was reviewed by _____ on _____.

This person

☐ **IS** medically cleared to be fit tested for the specified respirator

☐ **IS NOT** medically cleared to be fit tested for the specified respirator