NEW MEXICO STATE UNIVERSITY

Respirator Medical Evaluation Questionnaire

Department: _____ Campus Address: _____

Campus Phone Number: _____ Supervisor Name: _____

(See Memo: Program Change: New Procedure for Submitting Respirator Medical Evaluation Questionnaire)

PLEASE NOTE: Email the Completed Form to:
RespEval@workmedlc.com

To the employee: This form is part of the medical evaluation process used to protect your health under the NMSU Respiratory Safety Program and OSHA requirements (additional information is available at https://safety.nmsu.edu or from EHS&RM (575) 646-3327. Your NMSU supervisor 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, and must tell you how to deliver or send this questionnaire to the health care professional for review. If you do not understand the questions you may have someone in your confidence help you prepare this form, however the answers must be truthful.

1. Your name: (first, middle, last) _____

2. Today's date: _____ 3. NMSU ID (Banner 800 Number) _____

4. Your age (to nearest year): _____ 5. Sex (Select one) ☐ Male ☐ Female

6. Your height: _____ ft. _____ in. 7. Your weight: _____ lbs.

8. Your job title: _____

9. Provide a phone number where you can be reached at when reviewing questionnaire: _____

10. What's the best time to call you at this number: _____

11. Has your employer told (verbally or in writing) you how to contact the health care professional who will review this questionnaire. ☐ Yes ☐ No

12. Note the type of respirator you expect to use (you can note more than one catetory.

a. _____ N, R, or P disposable respirator (filter-mask, non-cartridge type only).

b. _____ Other. Please specify (mark one or more of the following):

☐ Half-face, ☐ Full-facepiece type, ☐ Powered-air purifying,

☐ Supplied-air, or ☐ Self-contained breathing apparatus.

13. Have you worn a respirator? If "yes," what type(s): _____ ☐ Yes ☐ No

_____

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.

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 diabetes) ☐ 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 wake 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 that 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

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 relating 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

If you have never used a respirator, check the box and go to question 9 ☐

8. If you've used a respirator, have you ever had any of the following problems?

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 health care professional reviewing this questionnaire about your answers? ☐ Yes ☐ No

Questions 10 to 15 must be answered by every employee who will use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For others, answering is voluntary.

10. Have you ever lost vision in either eye (temporarily or permanently): ☐ Yes ☐ No

11. Do you currently have any of the following problems?

a. Wear contact lenses	☐ Yes	☐ No
b. Wear glasses	☐ Yes	☐ No
c. Color blind	☐ Yes	☐ No
d. Any other eye or vision problem	☐ 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 fully 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 while carrying more than 25 lbs. ☐ Yes ☐ No

j. Any other muscle or skeletal problem that interferes with using a respirator ☐ Yes ☐ No

SIGNATURE

I have answered the above to the best of my understanding (signed) _____ Date _____

PLEASE NOTE: Email the Completed Form to:
RespEval@workmedlc.com

STOP!!

Do Not answer the following questions unless requested.

Part B. The following questions, and others, may be added if requested by the health care professional.

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

   1a. 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? ☐ Yes ☐ No

2. 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? If "yes," name the chemicals if you know them: ☐ Yes ☐ No

   _____

   _____

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

   a. Asbestos ☐ 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 (for example, mining) ☐ Yes ☐ No

   g. Iron ☐ Yes ☐ No

   h. Tin ☐ Yes ☐ No

   i. Dusty environments ☐ Yes ☐ No

   j. Any other hazardous exposures ☐ Yes ☐ No

   If "yes," describe these exposures: _____

   _____

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

   _____

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 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)? If "yes," name the medications if you know them: ☐ Yes ☐ No

_____

_____

10. 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

11. How often are you expected to use the respirator(s) (Select "yes" or "no" for all that apply to you)?

    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

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

Light (less than 200 kcal per hour)? If "yes," how long does this period last during the average shift _____ hrs. _____ mins. Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines. ☐ Yes ☐ No

Moderate (200 to 350 kcal per hours)? If "yes," how long does this period last during the average shift:_____ hrs. _____ mins. Examples of moderate work effort 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 a 5-dgree grade about 2 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface. ☐ Yes ☐ No

Heavy (above 350 kcal per hour)? If "yes," how long does this period last during the average shift: _____ hrs. _____ mins. Examples of a 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

13. 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: ☐ Yes ☐ No

_____

_____

_____

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

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaced, 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?

    a. Name of the first toxic substance:
    b. Estimated maximum exposure level per shift:
    c. Duration of exposure per shift:

    d. Name of the second toxic substance:
    e. Estimated maximum exposure level per shift:
    f. Duration of exposure per shift:

    g. Name of the third toxic substance:
    h. Estimated maximum exposure level per shift:
    i. Duration of exposure per shift:

The name of any other toxic substances that you'll be exposed to while using your respirator?

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, and security)?

_____

_____

_____

_____

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