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Holland Medicenter

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Employer: _____ Date: _____

Employee: _____ DOB: _____ Age: _____

Sex: _____ Height: _____ Weight: _____ Job Title: _____

Phone number: _____ Best Time You Can Be Reached At This Number: _____

Has your employer told you how to contact the healthcare professional who will review this questionnaire? Yes / No

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 (for example, half- or full-facepiece type, powered air Purifying, supplied air, self-contained breathing apparatus).

Have you ever worn a respirator (circle one): Yes / No

If "Yes", what type(s): _____

Questions 1 through 9 below must be answered by every employee who has been selected to use any type or respirator. Please circle "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?

- _____ Seizures (fits)
- _____ Diabetes (sugar diabetes)
- _____ Allergic reaction that interfered with your breathing
- _____ Claustrophobia (fear of closed-in spaces)
- _____ Trouble smelling odors

_____ 3. Have you ever had any of the following pulmonary or lung problems?

- _____ Asbestosis
- _____ Asthma
- _____ Chronic Bronchitis
- _____ Emphysema
- _____ Pneumonia
- _____ Tuberculosis
- _____ Silicosis
- _____ Pneumothorax (collapsed lung)
- _____ Lung Cancer
- _____ Broken Ribs
- _____ Any chest injuries or surgeries
- _____ Any other lung problem that you've been told about

_____ 4. Do you currently have any of the following symptoms of pulmonary or lung illnesses?

- _____ Shortness of breath
- _____ Shortness of breath when walking fast on level ground or walking up a slight hill or incline.
- _____ Shortness of breath when walking with people at an ordinary pace on level ground.
- _____ Have to stop for breath when walking at an ordinary pace on level ground.

____ ____ Shortness of breath when walking with people at an ordinary pace on level ground.
____ ____ Have to stop for breath when walking at an ordinary pace on level ground.
____ ____ Shortness of breath when washing or dressing self.

Yes **No**

____ ____ Shortness of breath that interferes with your job.
____ ____ Coughing that produces phlegm (thick sputum).
____ ____ Coughing that wakes you early in the morning.
____ ____ Coughing that occurs mostly when you are lying down.
____ ____ Coughing up blood in the last month.
____ ____ Wheezing.
____ ____ Wheezing that interferes with your job.
____ ____ Chest pain when you breathe deeply.
____ ____ 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?

____ ____ Heart attack.
____ ____ Stroke.
____ ____ Angina.
____ ____ Heart failure.
____ ____ Swelling in your legs or feet (not caused by walking).
____ ____ Heart arrhythmia (heart beating irregularly).
____ ____ High blood pressure.
____ ____ Any other heart problem you have been told about.

6. Have you ever had any of the following cardiovascular or heart symptoms?

____ ____ Frequent pain or tightness in the chest.
____ ____ Pain or tightness in your chest during physical activity.
____ ____ Pain or tightness in your chest that interferes with your job.
____ ____ In the past two years, have you noticed your heart skipping or missing a beat.
____ ____ Heartburn or indigestion that is not related to eating.
____ ____ Any other symptoms you think may be related to heart or circulation problems.

7. Do you currently take medication for the following problems?

____ ____ Breathing or lung problems.
____ ____ Heart trouble.
____ ____ Blood pressure.
____ ____ Seizures (fits).

8. If you have used a respirator, have you ever had any of the following problems? (If you have never used

a respirator, check the following space and go to question 9)_____.

____ ____ Eye irritation.
____ ____ Skin allergies or rashes.
____ ____ Anxiety.
____ ____ General weakness or fatigue.
____ ____ Any other problems that interferes with your use of the respirator.

9. Would you like to talk to the health care professional who will receive this questionnaire about your answers to the questionnaire?

Questions 10 to 15 must be answered by every employee who has been selected to use either a full-face respirator or a self contained breathing apparatus (SCBA). For employees who have been asked to use other types of respirators, answering these questions 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 vision problems?

____ ____ Wear contact lenses.
____ ____ Wear glasses.

11. Do you currently have any of the following vision problems?
- ___ ___ Wear contact lenses.
- ___ ___ Wear glasses.
- ___ ___ Color blind.
- ___ ___ Any other eye or vision problems.
- ___ ___ 12. Have you ever had an injury to your ears, including a broken ear drum?
13. Do you currently have any of the following hearing problems?
- ___ ___ Difficulty hearing.
- ___ ___ Wear a hearing aid.
- ___ ___ 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?
- ___ ___ Weakness in any of your arms, hands, legs, or feet.
- ___ ___ Back pain.
- ___ ___ Difficulty fully moving your arms or legs.
- ___ ___ Pain or stiffness when you lean forward or backward at the waist.
- ___ ___ Difficulty bending at the knees.
- ___ ___ Difficulty squatting to the ground.
- ___ ___ Climbing a flight of stairs or a ladder carrying more than 25 lbs.
- ___ ___ Any other muscle or skeletal problem that interferes with using a respirator.
- ___ ___ 16. 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?
- ___ ___ If "Yes", do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you are working under these circumstances?
- ___ ___ 17. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (Example: gases, fumes, or dust), or have you come into skin contact with hazardous chemicals?
- If "Yes", What? _____
18. Have you ever worked with any of the materials, or under any of the conditions listed below?
- ___ ___ Asbestos.
- ___ ___ Silica (ex. in sandblasting).
- ___ ___ Tungsten/cobalt (ex. grinding or welding this material).
- ___ ___ Beryllium.
- ___ ___ Aluminum.
- ___ ___ Coal (ex. mining).
- ___ ___ Iron.
- ___ ___ Tin.
- ___ ___ Dusty environments.
- ___ ___ Any other hazardous exposure.

If "Yes", describe these exposures: _____

___ ___ 19. Have you been in the military services?

___ ___ If "Yes", were you exposed to biological or chemical agents (either in training or combat)?

20. List any previous occupations including second jobs and side businesses: _____

businesses: _____

Yes **No**

_____ _____ 21. Are you taking any other medications other than the ones mentioned above?

If "Yes", name the medication if you know them: _____

_____ _____ 22. Will you be using any of the following items with your respirator?

- _____ _____ HEPA Filters.
- _____ _____ Canisters (for example, gas masks).
- _____ _____ Cartridges.

_____ _____ 23. How often are you expected to use the respirator(s) (circle "Yes" or "No" for all that apply to you).

- _____ _____ Escape only (no rescue).
- _____ _____ Emergency rescue only.
- _____ _____ Less than 5 hours per week.
- _____ _____ Less than 2 hours per day.
- _____ _____ 2 to 4 hours per day.
- _____ _____ Over 4 hours per day.

_____ _____ 24. 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.

_____ _____ Moderate (200 – 350 kcal per hour)

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-degree grade about 3 mph; a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

_____ _____ Heavy (above 350 kcal per hour)

If "Yes", how long does this period last during the average shift: _____ hrs _____ mins.

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.).

_____ _____ 25. Will you be wearing other protective clothing and/or equipment when using the respirator?

If "Yes", describe this protective clothing and/or equipment: _____

_____ _____ 26. Will you be working under hot or humid conditions?

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

I certify that I have answered truthfully questions regarding my health history and have not knowingly withheld any information concerning my health status or exposure to chemicals either past or present.

EMPLOYEE SIGNATURE

DATE

