Medical Questionnaire for Respirator Users

Applicability: All BGSU faculty, staff, and student employees as part of the university's Respiratory Protection Program, and students in academic programs who have been cleared by their supervisor/department/instructor to wear respirators on a voluntary basis, or when respirator usage (all types) is mandated by the Environmental Health & Safety department through a thorough exposure assessment. When worn on a voluntary basis, this applies to all respirators except filtering facepieces (dust masks).

Directions: This form must be completed in its entirety, if applicable, as described above. The affected university department is responsible for funding medical clearances when respirator use is mandated or approved on a voluntary basis. Because of this, please make sure the billing information on the last page is accurate. See your supervisor or instructor for this information. All questionnaire responses will be kept confidential (only you and the evaluating physician will have access). EHS will only receive a copy of the last page indicating an approval status. After completing the questionnaire, place it in an envelope and mail it directly to Employer Services at Falcon (formally Ready Works; 838 E. Wooster St. Bowling Green, OH 43402), fax it to them at 419-354-8764 (a secured fax), or email it to employerservices@woodcountyhospital.org. You will not be permitted to wear a respirator until the evaluating physician has given you clearance. You and your supervisor or instructor will be notified as soon as clearance is received. This can take up to a week once Employer Services at Falcon has received the medical questionnaire.

This form will remain in the employee's medical file at Employer Services at Falcon.
Do not send it to Bowling Green State University.

Respirator Physical Form (please print all answers)

Part A. Section 1

Your Name: _____ Today's Date: _____

Your BGSU ID #: _____

Supervisor or instructor/department or class: _____/_____

Job Title (if applicable): _____

Your age (to nearest year): _____ Sex (circle one): Male/Female

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

A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): (_____)_____

The best time to phone you at this number: _____

Has a representative of BGSU told you how to contact the health care professional who will review this questionnaire (check one): 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 worn a respirator (circle one): Yes No

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

Part A. Section 2 (please circle "yes" or "no")

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 disease): 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 wakes 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 related 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

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: 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 who will review this questionnaire about your answers to this questionnaire: Yes No

Questions 10 to 15 below must be answered by everyone who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For those who have been selected 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?

   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 eardrum: 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 carrying more than 25 lbs:	Yes	No
J. Any other muscle or skeletal problem that interferes with using a respirator:	Yes	No

Part B

1. 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: Yes No

   If "yes," name the chemicals if you know them:

   _____
   _____
   _____
   _____

2. 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:
   _____
   _____
   _____
   _____

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

4. 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(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) (circle "yes" or "no" for all answers 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:

   A. Light (less than 200 kcal per hour): Yes No

      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.

   B. Moderate (200 to 350 kcal per hour): Yes No

      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; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

C. Heavy (above 350 kcal per hour): Yes No

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.).

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):

_____

_____

_____

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 the first toxic substance: _____
    Estimated maximum exposure level per shift: _____
    Duration of exposure per shift:_____
    Name of the second toxic substance: _____
    Estimated maximum exposure level per shift:_____
    Duration of exposure per shift:_____
    Name of the third toxic substance:_____
    Estimated maximum exposure level per shift:_____
    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, security):

    _____
    _____

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Department of Environmental Health and Safety
1851 N. Research Dr.
Bowling Green, Ohio 43403
Telephone: (419) 372-2171
Fax: (419) 372-2194

Medical Clearance for Respirator Use

The two boxed sections should be completed by the student or employee (all fields are required). The remaining section is for the reviewing physician's use only as indicated.

Employee/Student Name:_____Date: [mm/dd/yy]: _____
Date of Birth: [mm/dd/yy]: _____
Department/Class: _____
Supervisor/Instructor: _____
Send invoice to (University department name & mailing address):_____
_____
Name and phone number of university personnel handling payment (if known; if not known, please list the department's main phone number): _____
_____

Type or types of respirator(s) to be used by the employee/student:

[ ] Air-purifying (non-powered)
[ ] Air-Purifying (powered)
[ ] Continuous-flow air-line respirator
[ ] Pressure demand air-line respirator
[ ] Combination continuous-flow air-line and air-purifying respirator
[ ] Combination pressure demand air-line and air-purifying respirator weight
[ ] Combination air-line
[ ] Open circuit SCBA
[ ] Closed circuit SCBA

Reviewing Physician Use ONLY (below)

( ) No restrictions on respirator use
( ) Some specific use restrictions
( ) Follow-up medical evaluation needed
( ) No respirator use permitted

Restrictions: _____

Examining Physician: _____(Print Name)

Examining Physician: _____(Sign Name)

Date:_____

Return this page to: Bess Huyghe – Fax: 419-372-2194 or envhs@bgsu.edu