Respirator Medical Evaluation

This questionnaire is used in determining whether or not you have a medical condition that may affect your ability to safely wear a respirator. We anticipate being able to approve most people for respirator use based on this questionnaire alone. In some cases we may ask for more information or additional medical testing/evaluation. Fit testing is also required and is done separately. All medical information is considered confidential.

All Information Must Be Completed For Respirator Approval

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>SS #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department</td>
<td>Work Phone</td>
<td>Today's Date</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Month  Day  Year</td>
</tr>
</tbody>
</table>

1. When using respirator, work is: a [ ] Light  
   b [ ] Moderate  
   c [ ] Heavy

2. Shifts per week respirator is worn:  
   a [ ] Less than 1  
   b [ ] 1-4  
   c [ ] Almost every shift

3. Length of time respirator is worn during a shift:  
   a [ ] Less than 1 hour  
   b [ ] 1-5 hours  
   c [ ] 5-12 hours

Has a doctor ever told you that you have any of the following?  
Yes   No

1. Angina
2. Heart Attack
3. Heart Disease
4. Epilepsy or Seizures
5. High Blood Pressure
6. Diabetes Treated with Insulin

Medical History

7. Lung Disease
8. Emphysema
9. Asthma
10. Are you allergic to natural rubber latex?
11. Smoking History
12. Are you currently taking any medications? Please List
13. Are you short of breath at rest?
14. Do you get short of breath when walking?
15. Do you get short of breath at work?
16. Do you get chest pain with certain activities?
17. Do you get chest pain at work?
18. Do you have medical problems that might interfere with respirator use?
19. Have you ever had problems wearing a respirator?

Review of Systems

Explain "yes" answers by number

Employee Signature -->

[ ] Approved  [ ] Approved with Restrictions  [ ] Denied  [ ] More Information Needed (Specify)

Medical Department

[ ] Restrictions Remarks

Use Only

Physician's Signature -->

Date M.D.

Reviewed 08/06