



OSHA Respirator Standard (1910.134) Medical Evaluation Questionnaire *

Part A. Section 1. (Mandatory)

The following information must be provided by every employee who has been selected to use any type of respirator.

(Please print)

Today's date: _____ Your name: _____ Your age (to nearest year): _____
 Sex (circle one): Male/Female Your height: _____ ft. _____ in. _____ Your weight: _____ lbs.
 Your jobtitle: _____

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 your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No

Check the type of respirator you will use (you can check more than one category):

- _____ Disposable Particulate Respirator (types N, R, or P; filter-mask, non-cartridge type only)
- _____ Other type (for example, half or full-face piece 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. (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?		
Seizures (fits)		
Diabetes (sugar disease)		
Allergic reactions that interfere with your breathing		
Claustrophobia (fear of closed-in places)		
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		
Lung cancer		
Broken ribs		
Any chest injuries or surgeries		
Any other lung problem that you've been told about		

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4.	Do you currently have any of the following symptoms of pulmonary or lung illness?		
	Shortness of breath		
	Shortness of breath when walking fast on level ground or walking up a slight hill/incline		
	Shortness of breath when walking with other people at an ordinary pace on level ground		
	Have to stop for breath when walking at your own pace on level ground		
	Shortness of breath when washing or dressing yourself		
	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 problems you've been told about		
6.	Have you ever had any of the following cardiovascular or heart symptoms?		
	Frequent pain or tightness in your 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 that you think may be related to heart or circulation problem		
7.	Do you currently take medication for any of the following problems?		
	Breathing or lung problems		
	Heart trouble		
	Blood pressure		
	Seizures (fits)		
8.	If you've used a respirator, have you ever had any of the following problems?		
	If you've never used a respirator, check here [___] and go to question 9.		
	Eye irritation		
	Skin allergies or rashes		
	Anxiety		
	General weakness or fatigue		
	Any other problem that interferes with your use of a respirator		
9.	Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?		

Approved for respirator use _____ Not approved for respirator use _____

Reviewer Signature _____ Date _____