

Appendix C to Sec. 1910.134: OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

<p>To the employer:</p> <p>Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.</p>	<p>To the employee:</p> <p>Your employer 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 employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.</p>
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Part A. Section 1. (Mandatory)

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

- 1 Today's date:
- 2 Your name:
- 3 Your age (to nearest year):
- 4 Your sex:
- 5 Your height: ft. in.
- 6 Your weight: lbs
- 7 Your job title:
- 8 A phone number where you can be reached by the health care professional who will review this questionnaire (include the Area Code):
- 9 The best time to phone you at this number:
- 10 Has your employer told you how to contact the health care professional who will review this questionnaire?
- 11 Check the type of respirator you will use (you can check more than one category):
 N, R, or P disposable respirator (filter mask, no cartridge type only).
 other type (for example, half or full-facepiece type, powered

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 indicate "yes" or "no" by checking the appropriate box).

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2 , À Ç}µÀ œ Z }(vŷZ (}oo}Á]vP }v]š}}v•M YES NO
a Seizures

b Diabetes (sugar disease)

c Allergic reactions that interfere with your breathing

d Claustrophobia (fear of closed places)

- c Shortness of breath when walking with other people at an ordinary pace on level ground
- d Have to stop for breath when walking at your own pace on level ground
- e Shortness of breath when washing or dressing yourself
- f Shortness of breath that interferes with your job
- g Coughing that produces phlegm (thick sputum)
- h Coughing that wakes you early in the morning
- i Coughing that occurs mostly when you are lying down
- j Coughing up blood in the last month
- k Wheezing
- l Wheezing that interferes with your job
- m Chest pain when you breathe deeply
- n Any other symptoms that you think may be related to lung problem

- 5 a YES NO Heart attack
- b YES NO Stroke
- c YES NO Angina
- d YES NO Heart failure

e Heartburn or indigestion that is not related to eating

f Any other symptoms that you think may be related to heart or circulatory problems

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a Breathing or lung problem:

b Heart trouble

c Blood pressure

d Seizures

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YES NO

a Eye irritation

b Skin allergies or rashes

c Anxiety

a

Difficulty hearing

b

Wear a hearing aid

c

Any other hearing or ear problem

- c Tungsten/cobalt (e.g., grinding or welding this materi
- d Beryllium
- e Aluminum
- f Coal (for example, mining
- g Iron
- h Tin
- i Dusty environments
- j Any other hazardous exposure

If "yes," describe these exposures:

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If "yes," were you exposed to biological/chemical agents (either in training or combat)

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& Á CE than 2 hours per day

e

2 to 4 hours per day

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

Examples for light work effort are sitting while writing, typing, drafting, or performing light

assembly work

b

Name of 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

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