PLEASE EMAIL TO PROSAFE@GRANDECOM.NET
WHEN YOU HAVE COMPLETED FORM

RESPIRATOR CLEARANCE QUESTIONNAIRE

To the Employee: 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.

CAN YOU READ AND UNDERSTAND THIS QUESTIONNAIRE? YES NO					**TODAY'S DATE:**
LAST NAME:	**FIRST NAME:**			**MIDDLE INITIAL:**	**DATE OF BIRTH:**
SOCIAL SECURITY NUMBER:	**SEX:** M F	**HEIGHT:**	**WEIGHT:**	**RACE *(CIRCLE ONE)*:** WHITE BLACK ASIAN HISPANIC OTHER	**AGE:**
COMPANY NAME:				**YOUR JOB TITLE:**	

Phone Number ( ) ____-_____	Please provide phone number where you can be reached.
Best time to call _____ __.M.	

YES	NO	
		Has your employer told you how to contact the health care professional who reviews this questionnaire?
		Have you ever worn a respirator? If yes, what type: _____

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

	N, R, or P disposable respirator (filtermask, non-cartridge type only)
	Other type (for example, half or full face type, powered air purifying, supplied air or self contained breathing apparatus

Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator.

YES	NO	
		1. Do you currently smoke tobacco, or have you smoked tobacco in the last month.

2. Have you ever had the following conditions:

YES	NO		YES	NO	
		a. Seizures			c. Allergic reactions that interfere with your breathing
		b. Diabetes (sugar disease)			d. Claustrophobia (fear of closed in places)?
		Is this condition controlled by medicine or diet?			e. Trouble smelling odors?

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

YES	NO		YES	NO	
		a. Asbestosis?			g. Silicosis?
		b. Asthma?			h. Pneumothorax Collapsed Lung?
		c. Chronic Bronchitis?			i. Lung Cancer?
		d. Emphysema?			j. Broken Ribs?
		e. Pneumonia?			k. Any Chest injuries or surgeries?
		f. Tuberculosis?			l. Any other lung problems that you've been told about?

4. Do you currently have any of the following symptoms of pulmonary or lung illness? If you answer yes to questions a-i, please indicate the severity of the symptom (mild, moderate or severe).

YES	NO		YES	NO	
		a. Shortness of breath			g. Coughing that produces phlegm (thick sputum)
		b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline			h. Coughing that wakes you early in the morning
		c. Shortness of breath when walking with other people at an ordinary pace on level ground			i. Coughing that mostly occurs when you are lying down j. Coughing up blood in the last month
		d. Have to stop for beneth when walking at your own pace on level ground			k. Wheezing
		e. Shortness of breath when washing or dressing yourself			l. Any other lung problems that you've been told about?
		f. Shortness of breath that interferes with your job			m. Chest pain when you breathe deeply
					n. 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?

YES	NO		YES	NO	
		a. Heart Attack			e. Swelling in your legs or fees (not caused by walking)
		b. Stroke			f. Heart arrhythmia (irregular heartbeat)

		c. Angina			g. High blood pressure ; Blood Pressure Reading: _____
		d. Heart Failure			h. Any other heart problems that you've been told about?

If you answered YES to any question 5a – 5h, when were your last symptoms? _____

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

YES	NO	
		a. Frequent pain or tightness in your chest
		b. Pain or tightness in your chest during physical activity
		c. Pain or tightness in your chest that interferes with your job
		d. In the past two years, have you noticed your heart skipping or missing a beat
		e. Heartburn or indigestion that is not related to eating
		f. Any other symptoms that you think may be related to heart or circulation problems

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

YES	NO		YES	NO	
		a. Breathing or lung problems			c. Blood Pressure
		b. Heart trouble			d. Seizures (fits)

8. If you've used a respirator, have you ever had any of the following problems?
(Check N/A if you have never used a respirator before)

YES	NO	N/A		YES	NO	N/A	
			a. Eye Irritation				b. Skin allergies or rash
			c. Anxiety				d. General weakness or fatigue
			e. 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?

Yes	No	Unknown	
			If you answered yes to any questions in 1-9 does this condition interfere with your ability to perform your duties while wearing a respirator?

		10. Have you ever lost vision in either eye (temporarily or permanently)?

11. Do you currently have any of the following vision problems?

YES	NO		YES	NO	
		a. Wear contact lenses			c. Wear glasses
		b. Color blind			d. Any other eye or vision problem

		12. Have you ever had an injury to your ears, including a broken eardrum?

13. Do you currently have any of the following hearing problems?

YES	NO		YES	NO	
		a. Difficulty hearing			c. Any other hearing or ear problems
		b. Wear a hearing aid			

		14. Have you ever had a back injury?

15. Do you currently have any of the following musculoskeletal problems?

YES	NO		YES	NO	
		a. Weakness in the arms, hands, legs, or feet			f. Difficulty fully moving your head side to side
		b. Back pain			g. Difficulty bending at the knees
		c. Difficulty fully moving your arms and legs			h Difficulty squatting to the ground
		d. Pain or stiffness when you lean forward or backward at the waist			i. Difficulty climbing a flight of stairs or a ladder carrying more than 25lbs.
		e Difficulty fully moving your head up or down			j Any other muscle or skeletal problems that interfere with using a respirator

Yes	No	Unknown	
			If you answered yes to any questions in 13-15 does this condition interfere with your ability to perform your duties while wearing a respirator?

I understand that false answers to the above questions may result in my being placed in a situation dangerous to myself and others because I may be approved for work that I am physically unable to perform easily. I hereby state that I have answered the questions to the medical questionnaire to the best of my knowledge and that the answers are complete and true.

EMPLOYEE SIGNATURE: _____ **DATE:** _____