

Place name, DOB, and employee ID here If
faxing or emailing. (New hires, we will place a
label here.)

To be filled out by new employee. Please complete all questions.

Choose one of the following. If you don't know the answer, consult your clinician for help.

To the best of my knowledge, my job title does **not** require me to perform direct patient care, visit patient care areas or work in a laboratory with airborne pathogens. Yes No

To the best of my knowledge, my job **does** require me to perform direct patient care, visit patient care areas or work in a laboratory with airborne pathogens. Yes No

Part A. Section 1. (Mandatory)

Sex Male Female Other Height _____ Weight _____

Has your employer told you how to contact the health care professional who will review this questionnaire? Yes No

Have you worn a respirator? Yes No

If yes, what type(s)? _____

Part A. Section 2. (Mandatory)

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 Yes No
 - b. Diabetes (sugar disease) Yes No
 - c. Allergic reactions that interfere with your breathing Yes No
 - d. Claustrophobia 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 Yes No

Name, DOB if faxing or emailing

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 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 while you are laying 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 you think may be related to lung problems Yes No
5. Have you ever had any of the follow 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 Yes No

Name and DOB if faxing or emailing

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. Heart burn or indigestion that is not related to eating Yes No
 - f. Any other symptoms 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 ever used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check here).
- 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? Yes No

TB Respirator Clearance Respirator not required for current/proposed job
 Approved for fit testing Not Approved (Referred for further medical evaluation)

Restriction or Comments: _____ N95 or PAPR

Clinician Signature

Date