Northwestern Memorial Physicians Group

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RESPIRATORY MEDICAL EVALUATION QUESTIONNAIRE

Can you read (check one): ☐ **Yes** ☐ **No**

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. Your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it. Answers to questions in Section 1 and to question 9 in Section 2 of Part A do not require a medical examination.

PART A, SECTION 1: PATIENT INFORMATION

Any employee who has been selected to use any type of respirator must provide the following information.

Name: _____ **Birth Date:** _____

Phone Number: _____ **Social Security Number:** _____

Address: _____ **City, State, Zip:** _____

Height & Weight: _____ / _____ **Sex:** ☐ **Male** ☐ **Female**

Job Title & Department: _____ **Manager/Supervisor:** _____

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

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

a. ☐ N, R, or P disposable respirator (filter-mask, non-cartridge type only, **such as N95**).
b. ☐ Other type (ex: Half or full-face piece type, powered-air purifying, supplied air, self-contained breathing apparatus).

Have you ever worn a respirator: ☐ **Yes** ☐ **No**

If yes, what type(s): _____.

PART A, SECTION 2: RESPIRATOR QUESTIONNAIRE

Any employee who has been selected to use any type of respirator must provide the following information.

	YES	NO
1. Do you currently smoke tobacco or have you smoked in the past month:	☐	☐
2. Have you ever had any of the following conditions:		
• seizures (epilepsy, fits):	☐	☐
• diabetes (sugar diabetes):	☐	☐
• allergic reactions that interfere with breathing:	☐	☐
• claustrophobia (fear of closed-in places):	☐	☐
• difficulty smelling odors:	☐	☐
3. Have you ever had any of the following breathing or lung problems?		
• asbestosis	☐	☐
• asthma	☐	☐
• chronic bronchitis	☐	☐
• emphysema	☐	☐
• pneumonia	☐	☐
• tuberculosis	☐	☐
• silicosis	☐	☐
• pneumothorax (lung collapse)	☐	☐
• lung cancer	☐	☐
• rib fractures	☐	☐
• chest injury or surgery	☐	☐
• other lung problems	☐	☐
4. Do you currently have any of the following symptoms of pulmonary or lung disease?		
• shortness of breath		
• when walking fast on level ground or up a slight hill or incline	☐	☐
• when walking at an ordinary pace on level ground	☐	☐
• when washing or dressing yourself	☐	☐
• that interferes with your job	☐	☐
• that makes you stop when walking at your own pace on level ground	☐	☐
• coughing		
• with production of thick sputum or phlegm	☐	☐
• that wakes you early in the morning	☐	☐
• that occurs mostly when lying down	☐	☐
• with production of blood	☐	☐
• wheezing	☐	☐
• chest pain when breathing deeply	☐	☐
• any other symptoms due to lung disease	☐	☐
please describe: _____		

RESPIRATORY MEDICAL EVALUATION QUESTIONNAIRE (continued)

5. Have you ever had any of the following cardiovascular or heart problems? — YES / NO

- heart attack ☐ ☐
- swelling in the legs or feet ☐ ☐
- stroke ☐ ☐
- irregular heart beat or "arrhythmia" ☐ ☐
- angina ☐ ☐
- high blood pressure ☐ ☐
- heart failure ☐ ☐
- any other heart problem ☐ ☐
- frequent pain or tightness in your chest
  - with physical activity ☐ ☐
  - that interferes with your job ☐ ☐
- skipped or missed heart beats in the past two years ☐ ☐
- heartburn or indigestion not related to eating ☐ ☐
- any other symptoms related to heart/circulation ☐ ☐

please describe: _____

6. Do you currently take medication for any of the following problems? — YES / NO

- breathing or lung problems ☐ ☐
- heart trouble ☐ ☐
- blood pressure ☐ ☐
- seizures (epilepsy, fits) ☐ ☐

7. If you've used a respirator in the past, have you ever had any of the following problems? (If you've never used a respirator, check the following space and proceed to question 9).

☐ **Never used a respirator**

- eye irritation ☐ ☐
- skin allergies or rashes ☐ ☐
- anxiety ☐ ☐
- general weakness or fatigue ☐ ☐
- any other problem that interferes with your use of a respirator ☐ ☐

please describe: _____

8. Would you like to talk to the health care professional who will review this questionnaire about your answers? ☐ ☐

NOTE: The following questions only apply for patients undergoing a Respirator Physical; patients completing this form for NMH/NMPG/NMFF Pre-Employment physicals do not need to complete the following questions.

Questions 9 to 14 below must be answered by every employee who has been selected to use either a full-face piece respirator or a self-contained breathing apparatus (SCBA), not an N95. **For employees who have been selected to use other types or respirators (such as N95 respirators), answering these questions is voluntary.**

9. Have you ever lost vision in either eye (temporarily or permanently)? — YES / NO ☐ ☐

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

- wear contact lenses ☐ ☐
- wear glasses ☐ ☐
- color blindness ☐ ☐
- any other eye or vision problem ☐ ☐

11. Have you ever had an injury to your ears, including a broken ear drum? ☐ ☐

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

- difficulty hearing ☐ ☐
- wearing a hearing aid ☐ ☐
- any other hearing or ear problem
- please describe: _____

13. Have you ever had a back injury or problem? ☐ ☐

14. Do you currently have any of the following musculoskeletal problems? — YES / NO

- weakness in the arms, hands, legs or feet ☐ ☐
- back pain ☐ ☐
- difficulty fully moving your arms and legs ☐ ☐
- pain or stiffness when you lean forward or backward at the waist ☐ ☐
- difficulty moving your head up or down ☐ ☐
- difficulty moving your head side to side ☐ ☐
- difficulty bending at your knees ☐ ☐
- difficulty squatting to the ground ☐ ☐
- climbing a flight of stairs or a ladder carrying more than 25 pounds ☐ ☐
- any other muscle or skeletal problem that interferes with using a respirator ☐ ☐

please describe _____

RESPIRATORY MEDICAL EVALUATION QUESTIONNAIRE (continued)

RESPIRATORY PHYSICAL QUESTIONNAIRE: ADDENDUM

Please complete the following if you are undergoing a Respirator Physical; **patients completing this form for NMH/NMPG/NMFF Pre-Employment physicals do not need to complete this section.**

	YES	NO
15. In your present job, are you working at altitudes above 5000 ft. were in a location that has the lower the normal amounts of oxygen?	☐	☐
16. At work or home, had you been exposed to hazardous solvents, airborne chemicals or have you had skin exposure to hazardous chemicals?	☐	☐
17. Have you ever worked with any of the materials or conditions listed below?		
• Asbestos	☐	☐
• Silica (sandblasting)	☐	☐
• Tungsten/cobalt (grinding or welding)	☐	☐
• Beryllium	☐	☐
• Aluminum	☐	☐
• Coal	☐	☐
• Iron	☐	☐
• Tin	☐	☐
• Extreme dust	☐	☐
• Other	☐	☐
• If you answered yes to these questions, please provide more details: _____ _____		

	YES	NO
18. Have you ever been in the military?	☐	☐
• If you answered yes, where you exposed to biological or chemical agents?	☐	☐
19. Have you ever worked on a HAZMAT team?	☐	☐
20. How are you expected to use a respirator?		
• Escape only	☐	☐
• Emergency rescue	☐	☐
• Less than five hours per week	☐	☐
• Less than two hours per day	☐	☐
• Between 2-4 hours per day	☐	☐
• More than four hours per day	☐	☐
21. Will you be working under hot conditions (greater than 77°)?	☐	☐
22. Will you be working under humid conditions?	☐	☐
23. While using the respirator is your work effort expected to be:		
• Light (<200 kcal/hr – typing, sitting, etc): avg time per shift: _____	☐	☐
• Moderate (200-350 kcal/hr – driving, nailing, walking, pushing light loads): avg time per shift: _____	☐	☐
• Heavy (>350 kcal/hr – heavy lifting, loading dock work, shoveling, running): avg time per shift: _____	☐	☐

Please describe any protective clothing and equipment that you will be using while you are working with the respirator:
Please describe the type of work that you will be doing while using the respirator:
Describe any special or hazardous conditions that you might encounter while using a respirator, such as confined spaces, biohazards, radiation hazards, etc.):
If possible, please list any toxic agents with which you will be working while wearing a respirator:
Please describe any special responsibilities you will have while using the respirator that may affect the safety and well-being of others. Examples include rescue, security, etc.:

Failure to complete certain sections of this form may affect the ability to provide medical clearance. To the best of my knowledge, I have answered this form honestly and with accurate information.

_____ _____

Patient Signature **Date**

Office use only: Reviewed by a healthcare professional on _____ by _____.