

University of Alabama

Respirator Medical Evaluation Questionnaire

To the Student: Can you read? (Circle one): Yes/No

Part A. Section 1. (Mandatory) *The following information must be provided by every student who has been selected to use any type of respirator (please print).*

Name: _____ Date: _____

Phone #: (____) _____ the best time to reach you at this number: _____

Age (to nearest year): _____ Sex: Male? Female? Height: _____ Weight: _____

1. If you need to contact the health care professional who will review this questionnaire contact EHS (348-5905).
2. Have you worn a respirator? (circle one) Yes/ No
If yes, what type?

Part A. Section 2. (Mandatory) *Questions 1 through 9 below must be answered by every student who has been selected to use any type of respirator (please indicate yes or no).*

1. Do you currently smoke tobacco or have you in the last month? ___ Yes ___ No

2. Have you ever had any of the following conditions?

- | | |
|--|----------------|
| a) Seizures | ___ Yes ___ No |
| b) Diabetes | ___ Yes ___ No |
| c) Allergic reactions that interfere with your breathing | ___ Yes ___ No |
| d) Claustrophobia (fear of enclosed places) | ___ 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 problems that you have been told about Yes No
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 incline Yes No
- c) Shortness of breath when walking at an ordinary pace with other people on level ground Yes No
- d) Stop for breath when walking at normal 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 Yes No
- h) Coughing that wakes you early in morning Yes No
- i) Coughing that occurs mostly when 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 that you think may be related to lung problems Yes No
5. Have you ever had any of the following cardiovascular, heart problems or symptoms?
- a) Heart attack Yes No
- b) Stroke Yes No
- c) Angina Yes No
- d) heart failure Yes No
- e) Swelling in your legs and feet (not from walking) Yes No
- f) Heart beating irregularly Yes No
- g) High blood pressure Yes No
- h) Any other heart problem that you have been told about Yes No
- i) frequent pain or tightness in chest Yes No
- j) Pain or tightness in chest during physical activity Yes No
- k) Pain or tightness in your chest that interferes with your job Yes No
- l) In the past 2 years, have you noticed you heart skipping a beat Yes No
- m) Heartburn or indigestion not related to eating Yes No
- n) Any other symptoms that you think may be related to heart or circulation problems Yes No
6. 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 __ Yes __ No
If yes, name the medications if you know them: _____

7. If you've used a respirator, have you ever had any of the following problems?
* Never used a respirator _____
- 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 problems that interferes with your use of a respirator __ Yes __ No
8. Would you like to talk to the health care professional who will review this questionnaire? __ Yes __ No

ASSESSMENT- TO BE COMPLETED BY A NURSE OR PHYSICIAN

- ___ Student is cleared to perform job duties with use of a respirator
- ___ Student needs an evaluation by a physician
- ___ Other recommendations; _____

It should be noted that medical qualification for respirator use is dependent upon proper fit testing and instruction regarding use and maintenance of respiratory equipment.

Nurse or Physician signature Date