

## Respiratory Protection Program Health Assessment Questionnaire

This questionnaire is used in determining whether or not you have a medical condition that may affect your ability to safely wear a respirator. We anticipate being able to approve most people for respirator use based on this questionnaire. Further medical evaluation will be required if employee answers yes to any of the statements/ questions listed below. All medical information is considered confidential.

Has a doctor ever told you that you have the following?

Medical Condition	Yes	No	Medical Condition	Yes	No
Angina	<input type="checkbox"/>	<input type="checkbox"/>	Lung Disease	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Emphysema	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Are you allergic to natural rubber latex?	<input type="checkbox"/>	<input type="checkbox"/>
Are you short of breath at rest?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get short of breath when walking?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get short of breath at work?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get chest pain with certain activities?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get chest pain at work?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had problems wearing a respirator?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, Please explain: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY

- Further medical evaluation required prior to Respirator Fit Testing
- Approved for Fit Testing
- Fit Testing Completed successfully      SMALL    MEDIUM    LARGE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person completing Fit Test