**PHYSICAL STATUS QUESTIONNAIRE FOR INTENDED RESPIRATOR USERS**

Employee: Job description:

Work activity while wearing respirator: Type of respirator and wearing time: Air contaminant(s) exposed to: Age: Height: Weight:

Health status: Poor o Fair o Average o Above Average o Excellent o

Have you had a history of the following:

|  |  |
| --- | --- |
| **Yes No** |  |
| o o | 1. Lung disease, history of smoking, persistent cough, asthma, emphysema, bronchitis? |
| o o | 2. Heart disease, history of fainting, shortness of breath, high blood pressure, diabetes? |
| o o | 3. Fear of tight enclosed spaces, sensation of smothering, heat exhaustion, or stroke? |
| o o | 4. Poor vision, wearing contact lenses or glasses, defective hearing loss, ruptured ear drum? |
| o o | 5. Continual prescribed medication? |
| o o | 6. Previous difficulty with respirator use, conditions of limited work ability with or without respirator use? |

Explain any Yes answer or give additional information from employee interview:

Based on answers to questions above, my interview with the employee, and assessment of his/her ability to work effectively while wearing a respirator, I recommend:

* respirator use inadvisable
* referral for medical evaluation
* referral for respirator fit testing and assignment, subject to equipment and conditions of use given above

Employee: Supervisor: Date:

signature