GUNDERSEN HEALTH SYSTEM®

OSHA RESPIRATOR MEDICAL EVALUATION INITIAL QUESTIONNAIRE

To the employee: Can you read (please check box)? ☐ 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, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section I (Mandatory)

The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date_____
2. Your name_____
3. Your age (to nearest year)_____
4. Sex (check one) ☐ Male ☐ Female
5. Your height_____ft. _____ in.
6. Your weight_____ lbs.
7. Your job title_____
8. A phone number where you can be reached by the health care professional whom reviews this questionnaire (include area code): (_____) - _____ - _____
9. The best time to phone you at this number_____
10. Has your employer told you how to contact the health care professional who will review this questionnaire? ☐ Yes ☐ No

11. Check the type of respirator you will use (you can check more than one category):
    - ☐ N, R, or P disposable respirator (filter - mask, non-cartridge type only, N95)
    - ☐ Other type (for example: half mask, full-facepiece type, powered air purifying, supplied air (PAPR), self-contained breathing apparatus.

12. Have you worn a respirator? ☐ Yes ☐ No

Part A. Section 2 (Mandatory)

Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please check "yes" or "no").

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?
   - Seizures ☐ Yes ☐ No
   - Diabetes (sugar disease) ☐ Yes ☐ No
   - Allergic reactions that interfere with your breathing ☐ Yes ☐ No
   - Claustrophobia (fear of closed-in places) ☐ Yes ☐ No
   - Trouble smelling odors ☐ Yes ☐ No

3. Have you ever had any of the following pulmonary or lung problems?
   - Asbestosis ☐ Yes ☐ No
   - Asthma ☐ Yes ☐ No
   - Chronic bronchitis ☐ Yes ☐ No
   - Emphysema ☐ Yes ☐ No
   - Pneumonia ☐ Yes ☐ No
   - Tuberculosis ☐ Yes ☐ No
   - Silicosis ☐ Yes ☐ No
   - Pneumothorax (collapsed lung) ☐ Yes ☐ No
   - Lung cancer ☐ Yes ☐ No
   - Broken ribs ☐ Yes ☐ No
   - Any chest injuries or surgeries ☐ Yes ☐ No
   - Any other lung problem that you've been told about ☐ Yes ☐ No

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

Shortness of breath	☐ Yes ☐ No
Shortness of breath when walking fast on level ground or walking up a slight ill or incline	☐ Yes ☐ No
Shortness of breath when walking with other people at an ordinary pace on level ground	☐ Yes ☐ No
Have to stop for breath when walking at your own pace on level ground	☐ Yes ☐ No
Shortness of breath when washing or dressing yourself	☐ Yes ☐ No
Shortness of breath that interferes with your job	☐ Yes ☐ No
Coughing that produces phlegm (thick sputum)	☐ Yes ☐ No
Coughing that wakes you early in the morning	☐ Yes ☐ No
Coughing that occurs mostly when you are lying down	☐ Yes ☐ No
Coughing up blood in the last month	☐ Yes ☐ No
Wheezing	☐ Yes ☐ No
Wheezing that interferes with your job	☐ Yes ☐ No
Chest pain when you breathe deeply	☐ Yes ☐ No
Any other symptoms that you think may be realted to lung problems	☐ Yes ☐ No

5. Have you ever had any of the following cardiovascular or heart problems?

Heart attack	☐ Yes ☐ No
Stroke	☐ Yes ☐ No
Angina	☐ Yes ☐ No
Heart failure	☐ Yes ☐ No
Swelling in your legs or feet (not caused by walking)	☐ Yes ☐ No
Heart arrhythmia (heart beating irregularly)	☐ Yes ☐ No
High blood pressure	☐ Yes ☐ No
Any other heart problem that you've been told about	☐ Yes ☐ No

6. Have you ever had any of the following cardiovascular or heart symptoms?

Frequent pain or tightness in your chest	☐ Yes ☐ No
Pain or tightness in your chest during physical activity	☐ Yes ☐ No
Pain or tightness in your chest that interferes with your job	☐ Yes ☐ No
In the past two years, have you noticed your heart skipping or missing a beat	☐ Yes ☐ No
Heartburn or indigestion that is not related to eating	☐ Yes ☐ No
Any ofther symptoms that you think may be related to heart or circulation problems	☐ Yes ☐ No

7. Do you currently take medication for any of the following problems?

Breathing or lung problems	☐ Yes ☐ No
Heart trouble	☐ Yes ☐ No
Blood pressure	☐ Yes ☐ No
Seizures	☐ Yes ☐ No

8. If you've used a respirator, have you ever had any of the following problems?
   (if you've never used a respirator, check the following space_____ and go to question 9).
   Eye irritation ☐ Yes ☐ No
   Skin allergies or rashes ☐ Yes ☐ No
   Anxiety ☐ Yes ☐ No
   General weakness or fatigue ☐ Yes ☐ No
   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 to this questionnaire? ☐ Yes ☐ No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you ever lost vision in either eye (temporarily or permanently)? ☐ Yes ☐ No

11. Do you currently have any of the following vision problems?
   Wear contact lenses ☐ Yes ☐ No
   Wear glasses ☐ Yes ☐ No
   Color blind ☐ Yes ☐ No
   Any other eye or vision problem ☐ Yes ☐ No

12. Have you ever had an injury to your ears, including a broken ear drum? ☐ Yes ☐ No

13. Do you currently have any of the following hearing problems?
   Difficulty hearing ☐ Yes ☐ No
   Wearing a hearing aid ☐ Yes ☐ No
   Any other dearing or ear problem ☐ Yes ☐ No

14. Have you ever had a back injury? ☐ Yes ☐ No

15. Do you currently have any of the following musculoskeletal problems?

Weakenss in any of your amrs, hands, legs or feet	☐ Yes ☐ No
Back pain	☐ Yes ☐ No
Difficulty fully moving your arms and legs	☐ Yes ☐ No
Pain or stiffness when you lean forward or backward at the waist	☐ Yes ☐ No
Difficulty fully moving your head up or down	☐ Yes ☐ No
Difficulty fully moving your head side to side	☐ Yes ☐ No
Difficulty bending at your knees	☐ Yes ☐ No
Difficulty squatting to the ground	☐ Yes ☐ No
Climbing a flight of stairs or a ladder carrying more than 25 lbs.	☐ Yes ☐ No
Any other muscle or skeletal problem that interferes with using a respirator	☐ Yes ☐ No

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OSHA RESPIRATOR MEDICAL EVALUATION SUPPLEMENTARY QUESTIONNAIRE (Optional)

Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you work at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen? ☐ Yes ☐ No

   If "yes", do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions? ☐ Yes ☐ No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals? ☐ Yes ☐ No

   If "yes," name the chemicals if you know them:

   _____

   _____

   _____

3. Have you ever worked with any of the materials, or under any of the conditions,listed below:

   Asbestos ☐ Yes ☐ No
   Silica (e.g., in sandblasting) ☐ Yes ☐ No
   Tungsten/cobalt (e.g., grinding or welding this material) ☐ Yes ☐ No
   Beryllium ☐ Yes ☐ No
   Aluminum ☐ Yes ☐ No
   Coal (for example, mining) ☐ Yes ☐ No
   Iron ☐ Yes ☐ No
   Tin ☐ Yes ☐ No
   Dusty environments ☐ Yes ☐ No
   Any other hazardous exposures ☐ Yes ☐ No
   If "yes," describe these exposures_____

   _____

   _____

4. List any second jobs or side businesses you have_____

   _____

5. List your previous occupations_____

_____

6. List your current and previous hobbies_____

_____

7. Have you been in the military services ☐ Yes ☐ No

   If "yes," were you exposed to biological or chemical agents
   (either in training or combat)? ☐ Yes ☐ No

8. Have you ever worked on a HAZMAT team? ☐ Yes ☐ No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in thie questionnaire, are you taking and other medications for any reason (including over-the-counter medications)? ☐ Yes ☐ No

   If "yes," name the medications if you know them_____

10. Will you be using any of the following items with your respirator(s)?
    HEPA Filters ☐ Yes ☐ No
    Canisters (for example, gas masks) ☐ Yes ☐ No
    Cartridges ☐ Yes ☐ No

11. How often are you expected to use the respirator(s)?
    (check "yes" or "no" for all answers that apply to you)
    Escape only (no rescue) ☐ Yes ☐ No
    Emergency rescue only ☐ Yes ☐ No
    Less than 5 hours per week ☐ Yes ☐ No
    Less thean 2 hours per day ☐ Yes ☐ No
    Over 4 hours per day ☐ Yes ☐ No

12. During the period you are using the respirator(s), is your work effort:

    Light (less than 200kcal per hour) ☐ Yes ☐ No

    If "yes," how long does thiw period last during the aver shift:_____hrs._____mins.
    Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.

Moderate (200 to 350 kcal per hour) ☐ Yes ☐ No

If "yes," how long does this period last during the average shift:_____hrs._____mins.
Examples of moderate work effort are sitting while nailing of filing; driving a truck or bus in irbane traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarroe with a heavy load (about 100 lbs.) on a level surface.

Heavy (above 350 kcal per hour) ☐ Yes ☐ No

If "yes," how long does this period loast during the average shift:_____hrs._____mins.
Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.)

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator? ☐ Yes ☐ No

    If "yes," describe this protective clothing and/or equipment_____

    _____

14. Will you be working under hot conditions (temperature exceeding 77 deg. F)? ☐ Yes ☐ No

15. Will you be working under humid conditions? ☐ Yes ☐ No

16. Describe the work you'll be doing while you're using your respirator(s)_____

    _____

17. Describe any special or hazardous conditions you might encounter when you're using your respireator(s) (for example, confined spaces, life-threatening gases):_____

    _____

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):
    Name of the first toxic substance_____
    Estimated maximum exposure level per shift_____
    Duration of exposure per shift_____
    Name of the second toxic substance_____

Estimated maximum exposure level per shift_____
Duration of exposure per shift_____
Name of the third toxic substance_____
Estimated maximum exposure level per shift_____
Duration of exposure per shift_____
The names of any other toxic substances that you'll be exposed to while using your respirator_____

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security)_____

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GUNDERSEN HEALTH SYSTEM®

APPENDIX D TO SEC. 1910.134 (Non-Mandatory)

Information for Employees Using Respirators When Not Required Under the Standard

Respiratros are an effective method of protection agains designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear resporators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following :

1. Read and heed all instructions provided by the manufacture on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.

2. Choose respirators certified for use to protect against the contminat of concers. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certified respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.

3. Do not wear your respirator into atmospherescontainings for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes and smoke.

4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.