

**New Jersey Department of Health
PEOSH Unit**

**FIREFIGHTER RESPIRATOR
MEDICAL EVALUATION
QUESTIONNAIRE
(MANDATORY)**

New Jersey Department of Health
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**FIREFIGHTER RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE (MANDATORY)
OSHA/PEOSH RESPIRATORY PROTECTION STANDARD**

TO THE EMPLOYER: Answers to questions in Section 1, and to Question 9 in Section 2 of Part A, do not require a medical examination.

TO THE EMPLOYEE: 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, 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 1 (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 who reviews this questionnaire (include the 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 (*check one*)? Yes No
11. 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)
 - b Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus)
12. Have you worn a respirator (*check one*): Yes No
If "Yes," what type(s): _____

**FIREFIGHTER RESPIRATOR
MEDICAL EVALUATION QUESTIONNAIRE (MANDATORY)
(CONTINUED)**

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:

Check "Yes" or "No."	YES	NO
1. Do you currently smoke tobacco, or have you smoked tobacco in the last month?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had any of the following conditions? (Check YES or NO for each)		
a. Seizures (fits):	<input type="checkbox"/>	<input type="checkbox"/>
b. Diabetes (sugar disease):	<input type="checkbox"/>	<input type="checkbox"/>
c. Allergic reactions that interfere with breathing:	<input type="checkbox"/>	<input type="checkbox"/>
d. Claustrophobia (fear of closed-in places):	<input type="checkbox"/>	<input type="checkbox"/>
e. Trouble smelling odors:.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had any of the following pulmonary or lung problems?		
a. Asbestosis:.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Asthma:	<input type="checkbox"/>	<input type="checkbox"/>
c. Chronic bronchitis:	<input type="checkbox"/>	<input type="checkbox"/>
d. Emphysema:	<input type="checkbox"/>	<input type="checkbox"/>
e. Pneumonia:	<input type="checkbox"/>	<input type="checkbox"/>
f. Tuberculosis:.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Silicosis:	<input type="checkbox"/>	<input type="checkbox"/>
h. Pneumothorax (collapsed lung):	<input type="checkbox"/>	<input type="checkbox"/>
i. Lung cancer:	<input type="checkbox"/>	<input type="checkbox"/>
j. Broken ribs:.....	<input type="checkbox"/>	<input type="checkbox"/>
k. Any chest injuries or surgeries:	<input type="checkbox"/>	<input type="checkbox"/>
l. Any other lung problem that you've been told about:.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you currently have any of the following symptoms of pulmonary or lung illness?		
a. Shortness of breath:.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline:	<input type="checkbox"/>	<input type="checkbox"/>
c. Shortness of breath when walking with people at an ordinary pace on level ground:.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Have to stop for breath when walking at your own pace on level ground:	<input type="checkbox"/>	<input type="checkbox"/>

**FIREFIGHTER RESPIRATOR
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(CONTINUED)**

PART A

Section 2 (Mandatory):

4. **(Continued)** Do you **currently** have any of the following symptoms of pulmonary or lung illness?
- e Shortness of breath when washing and dressing yourself:.....
 - f Shortness of breath that interferes with your job:
 - g Coughing that produces phlegm (thick sputum):.....
 - h Coughing that wakes you early in the morning:
 - i Coughing that occurs mostly when you are lying down:
 - j Coughing up blood in the last month:
 - k Wheezing:
 - l Wheezing that interferes with your job:.....
 - m Chest pain when you breathe deeply:.....
 - n Any other symptoms that you think may be related to lung problems:
5. Have you **ever had** any of the following cardiovascular or heart problems?
- a Heart attack:.....
 - b Stroke:.....
 - c Angina:.....
 - d Heart failure:
 - e Swelling in your legs or feet (not caused by walking):
 - f Heart arrhythmia (heart beating irregularly):
 - g High blood pressure:.....
 - h Any other heart problems that you've been told about:.....
6. Have you **ever had** any of the following cardiovascular or heart symptoms?
- a Frequent pain or tightness in your chest:
 - b Pain or tightness in your chest during physical activity:
 - c Pain or tightness in your chest that interferes with your job:.....
 - d In the past two years, have you noticed your heart skipping or missing a beat:.....
 - e Heartburn or indigestion that is not related to eating:
 - f Any other symptoms that you think may be related to heart or circulation problems:

**FIREFIGHTER RESPIRATOR
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(CONTINUED)**

PART A

Section 2 (Mandatory):

7. Do you **currently** take medication for any of the following problems?
- a. Breathing or lung problems:
 - b. Heart trouble:
 - c. Blood pressure:
 - d. Seizures (fits):
8. Have you ever used a respirator?

If "NO," go to Question 9.

If "YES," have you **ever had** any of the following problems?

- a. Eye irritation:
 - b. Skin allergies or rashes:
 - c. Anxiety:
 - d. General weakness or fatigue:
 - e. Any other problem that interferes with your use of a respirator:
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?

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.

Check "Yes" or "No."

YES NO

10. Have you **ever lost** vision in either eye (temporarily or permanently):
11. Do you **currently** have any of the following vision problems?
- a. Wear contact lenses:
 - b. Wear glasses:
 - c. Color blind:
 - d. Any other eye or vision problem:
12. Have you **ever had** an injury to your ears, including a broken eardrum? ...

**FIREFIGHTER RESPIRATOR
MEDICAL EVALUATION QUESTIONNAIRE (MANDATORY)
(CONTINUED)**

PART A

Section 2 (Mandatory):

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

- Difficulty hearing:
- Wear a hearing aid:.....
- Any other hearing or ear problem:

14. Have you **ever had** a back injury?

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

- a. Weakness in any of your arms, hands, legs or feet:
- b. Back pain:
- c. Difficulty fully moving your arms and legs:
- d. Pain/stiffness when leaning forward or backward at the waist:.....
- e. Difficulty fully moving your head up or down:.....
- f. Difficulty fully moving your head side to side:
- g. Difficulty bending at your knees:
- h. Difficulty squatting to the ground:.....
- i. Climbing a flight of stairs or a ladder carrying more than 25 lbs.:
- j. Any other muscle or skeletal problem that interferes with using a respirator:

PART B

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 may review the questionnaire.

Check "Yes" or "No." YES NO

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen?

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?.....

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?

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

**FIREFIGHTER RESPIRATOR
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(CONTINUED)**

PART B

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

- a. Asbestos:
- b. Silica (e.g., in sandblasting):
- c. Tungsten/cobalt (e.g., grinding or welding this material):.....
- d. Beryllium:
- e. Aluminum:
- f. Coal (for example, mining):
- g. Iron:
- h. Tin:
- i. Dusty environments:
- j. Any other hazardous exposures?

If "Yes," describe these exposures:

4. Do you have any second jobs or side businesses?

If YES, please list:

5. Have you had previous occupations?

If YES, please list:

**FIREFIGHTER RESPIRATOR
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(CONTINUED)**

PART B

6. a. Do you currently have hobbies?

b. Have you previously had hobbies?

If "Yes," please list:

7. Have you been in the military services?

a. If "YES," were you exposed to biological or chemical agents
(either in training or combat)?

8. Have you ever worked on a HAZMAT team?

9. Other than medications for breathing and lung problems, heart
trouble, blood pressure, and seizures mentioned earlier in this
questionnaire, are you taking any other medications for any
reason (including over-the-counter medications):

a. If "Yes," name the medications if you know them:

10. Will you be using any of the following items with your
respirator(s)?

a. HEPA Filters:

b. Canisters (for example, gas masks):

c. Cartridges:

11. How often are you expected to use the respirator(s)?
(Check "Yes" or "No" for all answers that apply to you)

a. Escape only (no rescue):

b. Emergency rescue only:

c. Less than 5 hours **per week**:

d. Less than 2 hours **per day**:

e. 2 to 4 hours per day:

f. Over 4 hours per day:

**FIREFIGHTER RESPIRATOR
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(CONTINUED)**

PART B

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

- a. **Light** (less than 200 kcal per hour):.....
[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.)]

If "Yes," how long does this period last during the average shift?

_____ hours _____ minutes

- b. **Moderate** (200 to 350 kcal per hour):.....
*[Examples of moderate work effort are **sitting** while nailing or filing; **driving** a truck or bus in urban 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 wheelbarrow with a heavy load.]*

If "Yes," how long does this period last during the average shift?

_____ hours _____ minutes

- c. **Heavy** (above 350 kcal per hour):
*[Examples of heavy work are **lifting** a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a 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.)]*

If "Yes," how long does this period last during the average shift?

_____ hours _____ minutes

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator:

- a. If "yes," describe this protective clothing and/or equipment:

14. Will you be working under hot conditions (temperature exceeding 77 degrees F)?.....

15. Will you be working under humid conditions?.....

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

**FIREFIGHTER RESPIRATOR
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(CONTINUED)**

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(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):

a. Name of the first toxic substance: _____

b. Estimated maximum exposure level per shift: _____

c. Duration of exposure per shift: _____

d. Name of the first toxic substance: _____

e. Estimated maximum exposure level per shift: _____

f. Duration of exposure per shift: _____

g. Name of the first toxic substance: _____

h. Estimated maximum exposure level per shift: _____

i. Duration of exposure per shift: _____

j. The name 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):

**FIREFIGHTER RESPIRATOR
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(CONTINUED)**

**MANDATORY INFORMATION FOR EMPLOYEES USING RESPIRATORS
WHEN NOT REQUIRED UNDER THE STANDARD**

Respirators are an effective method of protection against 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 respirators 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 manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies 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 atmospheres containing contaminants 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 or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.