ECU Health
OSHA Questionnaire

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OSHA Questionnaire For Respirator Use:

1. Today's Date:_____/_____/_____ Employee #: _____
2. Your Name: _____ Department: _____
3. Your Age: _____
4. Sex: Male Female
5. Your Height: ____ ft. ____ in. Your Weight: _____ lbs.
6. Your Job Title: _____ Work Phone Number: _____

		YES	NO
7.	Have you worn a respirator in the past? (circle one) If "yes," what type(s): _____	☐	☐
8.	Do you currently smoke tobacco, or have you smoked tobacco in the last month?	☐	☐
9.	Have you ever had any of the following conditions?		
	a. Seizures	☐	☐
	b. Diabetes (sugar disease)	☐	☐
	c. Allergic reactions that interfere with your breathing	☐	☐
	d. Claustrophobia (fear of closed-in places)	☐	☐
	e. Trouble smelling odors	☐	☐
10.	Have you ever had any of the following pulmonary or lung problems?		
	a. Asbestosis	☐	☐
	b. Asthma	☐	☐
	c. Chronic bronchitis	☐	☐
	d. Emphysema	☐	☐
	e. Pneumonia	☐	☐
	f. Tuberculosis	☐	☐
	g. Silicosis	☐	☐
	h. Pneumothorax (collapsed lung)	☐	☐
	i. Lung cancer	☐	☐
	j. Broken ribs	☐	☐
	k. Any chest injuries or surgeries	☐	☐
	l. Any other lung problem that you've been told about	☐	☐
11.	Do you currently have any of the following symptoms of pulmonary or lung illness?		
	a. Shortness of breath	☐	☐
	b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline	☐	☐
	c. Shortness of breath when walking with other people at an ordinary pace on level ground	☐	☐
	d. Have to stop for breath when walking at your own pace on level ground	☐	☐
	e. Shortness of breath when washing or 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	☐	☐

		YES	NO
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	☐	☐

12. 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 problem that you've been told about	☐	☐

13. 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 year, 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	☐	☐

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

a.	Breathing or lung problems	☐	☐
b.	Heart trouble	☐	☐
c.	Blood pressure	☐	☐
d.	Seizures	☐	☐

15. If you've used a respirator, have you ever had any of the following problems?

		Yes	No	N/A
a.	Eye irritation	☐	☐	☐
b.	Skin allergies or rashes	☐	☐	☐
c.	Anxiety while wearing it	☐	☐	☐
d.	General weakness or fatigue	☐	☐	☐
e.	Any other problem that interferes with your use of a respirator	☐	☐	☐

Employee Signature:_____ Date: _____

PHYSICAL EXAMINATION (if needed) BP _____/_____ P_____ R_____ T_____

Head and Neck: _____

Cardiopulmonary: _____

Other: _____

APPROVAL: This employee _____ **is**/ _____ **is not** medically cleared for respirator use at Vidant Health.

NOTIFIED: Safety and Manager _____

_____ _____/_____/_____

Health Care Provider Date

"The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individuals' or family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services".