N95 RESPIRATOR USER QUESTIONNAIRE

FOR N95 USE IN COMPLIANCE WITH Cal/OSHA SECTION 5199 AEROSOL TRANSMISSIBLE DISEASE STANDARD ONLY

Please let your employer know if you have any problems reading and/or understanding this form.

INSTRUCTIONS: 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.

Once your form is completed, if you have any YES responses to the medical history questions, please email the form to: rolf.ehlers@sdima.com or you may fax the form to: (858)637-9035. The physician will review your medical history and will call you to discuss.
YOU MUST BRING THE COMPLETED MEDICAL CLEARANCE TO THE FIT TEST APPOINTMENT.
If no medical evaluation was necessary, please bring completed questionnaire to your fit test appointment.

Last Name: _____First _____MI_____
Job Title/Classification: _____
Phone number where you can be reached and you give permission for a health care professional who reviews this questionnaire to leave message(s) containing medical information:
(__ __) _____-_____
Best days and time(s) to contact you: _____

The following information must be provided by every employee who is required to use any type of respirator (please print clearly).

1. Today's date:_____
2. Your age (to nearest year):_____
3. Date of Birth: _____
4. Sex (select one): Male Female
5. Your height: _____ ft. _____ in.
6. Your weight: _____ lbs.
7. Have you worn an N95 respirator previously? ☐ Yes ☐ No

   Please list other types of respirators worn:_____
   If yes, have you had any of the following problems?

   ☐ Eye irritation ☐ Skin rash/allergy ☐ Anxiety ☐ General weakness/fatigue

MEDICAL HISTORY (Employee completes)
The following is an OSHA regulated history regarding your use, or potential use, of respiratory protection equipment. Please read all the questions carefully.

Do you currently have any of the following symptoms?	Yes	No
Do you currently smoke tobacco, or have you smoked tobacco in the last month?		
Seizures (epilepsy)		
Diabetes (sugar disease)		
Allergic reactions that interfere with your breathing?		
Allergic reactions to Bitrex (Denatonium benzoate)		
Claustrophobia or anxiety in closed-in spaces		

N95 RESPIRATOR USER QUESTIONNAIRE

FOR N95 USE IN COMPLIANCE WITH Cal/OSHA SECTION 5199 AEROSOL TRANSMISSIBLE DISEASE STANDARD ONLY

Do you currently have any of the following symptoms?	Yes	No
Trouble smelling odors		
Asbestosis (lung disease associated with asbestos exposure)		
Asthma		
Chronic bronchitis		
Emphysema		
Pneumonia		
Tuberculosis		
Silicosis		
Pneumothorax (collapsed lung)		
Lung cancer		
Broken ribs		
Chest injuries or surgeries		
High blood pressure		
Heart attack		
Stroke		
Angina (pain and/or tightness in the chest)		
Heart failure		
Swelling in legs or feet not caused by walking		
Heart arrhythmia (irregular heart beats)		
Do you currently have any of the following symptoms?	**Yes**	**No**
Shortness of breath		
Coughing up phlegm or blood		
Wheezing		
Chest pain or tightness		
Irregular heartbeats or arrhythmias		
Any other problem that might interfere with the use of a respirator?		

N95 RESPIRATOR USER QUESTIONNAIRE

FOR N95 USE IN COMPLIANCE WITH Cal/OSHA SECTION 5199 AEROSOL TRANSMISSIBLE DISEASE STANDARD ONLY

Please explain all 'Yes' answers here:
Please list all medications you currently take for breathing or lung problems, heart trouble, blood pressure and seizures:

Would you like to speak with the healthcare professional who will review this questionnaire about your answers to this questionnaire? ☐ **Yes** ☐ **No**

The answers to this questionnaire are true to the best of my knowledge.

_____ _____

Employee's signature Date

MEDICAL CLEARANCE (PHYSICIAN)

Medical clearance for use of an N95 respirator in a clinical care setting:

☐ Approved ☐ Approved with restrictions ☐ Denied

Remarks:

_____ _____

Reviewed by Date

N95 RESPIRATOR USER QUESTIONNAIRE

FOR N95 USE IN COMPLIANCE WITH Cal/OSHA SECTION 5199 AEROSOL TRANSMISSIBLE DISEASE STANDARD ONLY

Instructions: Please give a copy of the medical clearance page to your employer to be kept in your employee file.

MEDICAL CLEARANCE (Physician)

USER NAME:_____

☐ Dentist ☐ RDH ☐ RDA/Assistant ☐ Other

Medical Clearance for use of an N95 Respirator in a clinical care setting

☐ Approved ☐ Approved with restrictions ☐ Denied

Remarks:

_____ _____

Reviewed by Date

Sharp Community Medical Group
8765 Aero Dr Suite 130, San Diego, CA 92123
(858) 541-0181