**Respirator Medical Evaluation**

**KSU Respiratory Protection Program**

Respirators must be used in workplaces where employees are exposed to hazardous airborne contaminants. When respiratory protection is required, employees must enroll in the KSU Respiratory Protection Program [per 29 CFR 1910.134] using the EHS Initial Respirator Clearance and Enrollment form. Before wearing a respirator, workers must first be medically evaluated using the attached Medical Questionnaire and approved by the healthcare provider as documented in the KSU Initial Respirator Clearance and Enrollment form. Before using respiratory protection, the worker must receive training. To determine if respiratory protection is needed, a workplace exposure assessment must be performed by KSU EHS or their designee.

Alternately, EHS may make this determination based on existing quantitative data, or based on area and/or activity-specific procedure or policy requiring respirator use.

**OSHA Medical Evaluation and Questionnaire Regulatory Requirements adopted for KSU by reference**

- The employer must identify a physician or other licensed health care professional (PLHCP) to perform all medical evaluations using the medical questionnaire in Appendix C of the Respiratory Protection standard or a medical examination that obtains the same information. (See Paragraph (e)(2)(i).)
- The medical evaluation must obtain the information requested in Sections 1 and 2, Part A of Appendix C. The questions in Part B of Appendix C may be added at the discretion of the health care professional. (See Paragraph (e)(2)(ii).)
- The employer must ensure that a follow-up medical examination is provided for any employee who gives a positive response to any question among questions 1 through 8 in Part A Section 2, of Appendix C, or whose initial medical examination demonstrates the need for a follow-up medical examination. The employer must provide the employee with an opportunity to discuss the questionnaire and examination results with the PLHCP. (See Paragraph (e)(3)(i).)
- The medical questionnaire and examinations must be administered confidentially during the employee’s normal working hours or at a time and place convenient to the employee and in a manner that ensures that he or she understands its content. The employer must not review the employee’s responses, and the questionnaire must be provided directly to the PLHCP. (See Paragraph (e)(4)(i).)
- The PLHCP provides the employer with an approval for the employee to use respiratory protection.

*For additional information contact KSU Environmental Health and Safety at 785-532-5856 or visit www.ksu.edu/safety*


**Employer:** By regulation, answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination. Under the discretion of the PLHCP, additional examination or testing may be required to make a final determination on the employee’s ability to use a respirator.

**Employee:** 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 supervisor must not look at or review your answers. Your employer must tell you how to deliver or send this questionnaire to the healthcare professional who will review it and/or where to go to for testing/examination by the healthcare professional if indicated.

Once filled out, the attached questionnaire must be given to the PLHCP. This form should not be submitted to the supervisor or OSHA. Using the Initial Respirator Clearance form, the PLHCP must provide KSU EHS with an approval indicating the employee is cleared to wear the type(s) of respiratory protection indicated.
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 (circle 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 (circle 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 (circle one): Yes/No If “yes,” what type(s): ________________________________

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 circle “yes” or “no”).

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you currently smoke tobacco, or have you smoked tobacco in the last month?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Have you ever had any of the following conditions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Seizures</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Diabetes (sugar disease)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Allergic reactions that interfere with your breathing</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. Claustrophobia (fear of closed-in places)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. Trouble smelling odors</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Have you ever had any of the following pulmonary or lung problems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Asbestosis</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Asthma</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Chronic bronchitis</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. Emphysema</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
KSU Respirator Medical Evaluation Questionnaire

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>e. Pneumonia</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>f. Tuberculosis</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>g. Silicosis</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>h. Pneumothorax (collapsed lung)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>i. Lung cancer</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>j. Broken ribs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>k. Any chest injuries or surgeries</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>l. Any other lung problem that you’ve been told about</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. 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
   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 problem 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

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

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.)
   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.

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?

13. Do you currently have any of the following hearing problems?
    a. Difficulty hearing
    b. Wear a hearing aid
    c. Any other hearing or ear problem

14. Have you ever had a back injury?
KSU Respirator Medical Evaluation Questionnaire

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 and stiffness when you lean 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
KSU Respirator Medical Evaluation Questionnaire

Part B. (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 working 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?
   a. Asbestos: Yes/No
   b. Silica (e.g., in sandblasting): Yes/No
   c. Tungsten/cobalt (e.g., grinding or welding this material): Yes/No
   d. Beryllium: Yes/No
   e. Aluminum: Yes/No
   f. Coal (for example, mining): Yes/No
   g. Iron: Yes/No
   h. Tin: Yes/No
   i. Dusty environments: Yes/No
   j. 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 this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes/No
   If "yes," name the medications if you know them: ________________________________________________________
   ________________________________________________________
   ________________________________________________________
   ________________________________________________________
   ________________________________________________________
KSU Respirator Medical Evaluation Questionnaire

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

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?
   n. Escape only (no rescue): Yes/No
   o. Emergency rescue only: Yes/No
   p. Less than 5 hours per week: Yes/No
   q. Less than 2 hours per day: Yes/No
   r. 2 to 4 hours per day: Yes/No
   s. Over 4 hours per day: Yes/No

12. During the period you are using the respirator(s), is your work effort:
   t. Light (less than 200 kcal per hour): Yes/No
      If "yes," how long does this period last during the average 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.
   u. 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 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 (about 100 lbs.) on a level surface. c. Heavy (above 350 kcal per hour): Yes/No
      If "yes," how long does this period last 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 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.).

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 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):

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 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):