

Appendix C to Sec. 1910.134: OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

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 (circle 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 (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").

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?
 - a. Seizures: Yes/No