

RESPIRATOR MEDICAL EVALUATION

(To be completed by Employee prior to Fit Testing)

Employee Name: _____

Date: _____

Have you worn a respirator? yes/no If "yes", what type/size: _____

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? (circle all that apply)

Seizures / Diabetes / Allergic reaction that affects breathing / Claustrophobia

Trouble smelling odors

3. Have you ever had any of the following pulmonary or lung problems? (circle all that apply)

Asbestosis / Asthma / Chronic bronchitis / Emphysema / Pneumonia / Tuberculosis /

Silicosis (fibrosis of the lungs) / Pneumothorax (collapsed lung) / Lung cancer / Broken Rib

Any chest injuries or surgeries / Any other lung problem that you've been told about

4. Do you currently have ANY of the following symptoms of pulmonary or lung illness?(circle all that apply OR write in "None" on space provided: _____)

- a. Shortness of breath
- b. Shortness of breath when walking fast on level ground or walking up a hill
- c. Shortness of breath when walking with other people, normal pace, on even 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
- h. Coughing that wakes you early in the morning
- i. Coughing that occurs mostly when you lay down
- j. Coughing up blood in the last month
- k. Wheezing and/or wheezing that interferes with your job
- l. Chest pain when you breathe deeply
- m. Any other symptoms that you think may be related to lung problems

5. Have you had any of the following cardiovascular or heart problems? (circle all that apply)

Heart attack / Stroke / Angina / Heart Failure / Unusual swelling in legs or feet Heart arrhythmia / High blood pressure / Any other heart problem you've been told about

6. Have you had any of the following cardiovascular or heart symptoms?

(circle all that apply or write "None" in the space provided: _____)

- 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 missing or skipping 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? (circle all that apply) If yes, please list medications here: _____

Breathing or lung problems / Heart trouble / Blood Pressure / Seizures

RESPIRATOR QUALITATIVE FIT TEST RECORD

TEST SUBJECT INFORMATION

EMPLOYEE FULL NAME	DOB
JOB TITLE/DEPT	DATE OF TEST

(Examiner to complete remainder of form)

QUALITATIVE TESTING AGENT SELECTION (circle respirator used and complete needed info.)

TYPE	MANUFACTURER	MODEL	SIZE
N-95 Respirator Mask			
PAPR	NA	NA	One size

PRE-TEST PROCEDURES: (Answer questions in relation to use of a respirator)	YES	NO
1. History of eye irritation, skin allergies, rash, anxiety, weakness?		
2. Proper instruction on donning and taking off respirator mask?		
3. Appropriate device/ size and fitting for test subject?		
4. Test subject able to return demo correct seal check?		
5. Test subject assessed for comfort of mask? (i.e. glasses, talking, etc.)		
6. Test subject conducted positive and negative pressure check?		
7. Subject donned applicable equipment that could affect fit of mask?		

FIT TEST EXERCISES - Each test shall be performed for one full minute	YES	NO
1. Normal breathing in a normal standing position, without talking.		
2. Deep breathing in a normal standing position, breathe slow /deep.		
3. Turn head side to side while standing in place, taking deep breaths.		
4. Move head up and down while standing in place, taking deep breaths.		
5. Read passage, talking loudly so to be heard by test administrator.		
6. Normal breathing while bent at the waist as if touching toes.		
7. Normal breathing in normal standing position, without talking.		

RESPIRATOR QUALITATIVE FIT TEST RECORD

(To be completed by examiner)

TEST ADMINISTRATOR INFORMATION			
Name	Title		
TEST VERIFICATION		YES	NO
1. Test administrator verified respirator comfort after each exercise			
2. Test subject completed exercises without making adjustment to mask			
3. Test subject confirmed that external factors did not interfere with proper fit			
4. Test subject did not detect test agent odor/taste at any time during the test			
FIT TEST RESULTS			
	PASSED: Respirator made a tight seal over a smooth face.		
	FAILED: Respirator failed to make a tight seal. (circle all that apply below)		
Facial hair/sideburns	Dental Condition	Other:	
Scar/ Skin condition	Corrective Eyewear		
COMMENTS:			
TEST SUBJECT ACKNOWLEDGEMENT OF RESULTS			
Employee Signature:		Date:	