An Occupational Health professional is responsible for reviewing this medical questionnaire and for determining if you are medically capable and safe to wear a respirator. Contact Occupational Health for questions regarding this form and medical evaluation.

**Section 1 (Mandatory)**: Every employee who has been selected to wear any type of respirator must provide all the below information. **Please type or print.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| LEGAL LAST NAME FIRST NAME MI | | | | TODAY’S DATE  Click or tap to enter a date. |
| SEX  Female  Male | HEIGHT  WEIGHT | BIRTHDATE and/or EMPLOYEE ID #  SSN LAST 4-DIGITS | | AGE (to nearest year) |
| BEST CONTACT NUMBER BEST TIME TO CALL YOU AT THIS NUMBER  AM  PM | | | | |
| EMPLOYER: The University of Kansas Health System  candidate  employee  The University of Kansas Physicians (UKP)  The University of Kansas Medical Center (KUMC)  KUMC GME (Resident/Fellow) | | | | |
| POSITION/TITLE | | | DEPARTMENT | |
| MANAGER’S NAME | | | | |

**Section 2. (Mandatory) Every employee who has been selected to use any type of respirator will answer questions 1 through 9 below (please check “Yes” or “No”)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **QUESTION** | **Yes** | **No** | **QUESTION** | **Yes** | **No** |
| **1.** Have you worn a respirator? |  |  |  |  |  |
| If yes, what type(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **2.** Have you ***ever had*** any of the following conditions? | | | **4.** Do you ***currently*** have any of the following symptoms of pulmonary or lung illness? | | |
| 1. Seizures (fits) |  |  | 1. Shortness of breath |  |  |
| 1. Diabetes (sugar disease) |  |  | 1. Shortness of breath when walking fast on ground or |  |  |
| 1. Allergic reactions that interfere with breathing |  |  | walking up a slight hill or incline |  |  |
| 1. Claustrophobia (fear of closed-in places) |  |  | 1. Shortness of breath when walking with other people |  |  |
| 1. Trouble smelling odors |  |  | at an ordinary pace on level ground |  |  |
| **3.** Have you ***ever had*** any of the following pulmonary or lung problems? | | | 1. Have to stop for breath when walking at your own |  |  |
| 1. Asbestosis |  |  | pace on level ground |  |  |
| 1. Asthma |  |  | 1. Shortness of breath when washing or dressing |  |  |
| 1. Chronic bronchitis |  |  | yourself |  |  |
| 1. Emphysema |  |  | 1. Shortness of breath that interferes with your job |  |  |
| 1. Pneumonia |  |  | 1. Coughing that produces phlegm (thick sputum) |  |  |
| 1. Tuberculosis |  |  | 1. Coughing that wakes you early in the morning |  |  |
| 1. Silicosis |  |  | 1. Coughing that occurs mostly when you are lying down |  |  |
| 1. Pneumothorax (collapsed lung) |  |  | 1. Coughing up blood in the last month |  |  |
| 1. Lung Cancer |  |  | 1. Wheezing |  |  |
| 1. Broken ribs |  |  | 1. Wheezing that interferes with your job |  |  |
| 1. Any chest injuries or surgeries |  |  | 1. Chest pain when you breathe deeply |  |  |
| 1. Any other lung problem that you’ve been told about |  |  | 1. Any other symptoms that you think may be related to a   lung problem |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| QUESTION | **Yes** | **No** | **QUESTION** | **Yes** | **No** |
| **5.** Have you ***ever had*** any of the following cardiovascular |  |  | **7.** Do you *currently* take medication for any of the following problems? | | |
| or heart problems? |  |  | 1. Breathing or lung problems |  |  |
| 1. Heart attack |  |  | 1. Heart trouble |  |  |
| 1. Stroke |  |  | 1. Blood pressure |  |  |
| 1. Angina |  |  | 1. Seizure (fits) |  |  |
| 1. Heart failure |  |  | **8.** If you’ve never used a respirator, check here  and go to #9. | | |
| 1. Swelling in your legs or feet (not caused |  |  | If you’ve used a respirator, have you *ever had* any of the following | | |
| by walking) |  |  | problems? | | |
| 1. Heart arrhythmia (heart beating irregularly) |  |  | 1. Eye irritation |  |  |
| 1. High blood pressure |  |  | 1. Skin allergies or rashes |  |  |
| 1. Any other heart problem that you’ve been told about |  |  | 1. Anxiety |  |  |
| **6.** Have you ***ever had*** any of the following cardiovascular | | | 1. General weakness or fatigue |  |  |
| or heart symptoms? |  |  | 1. Any other problems that interferes with your use of a |  |  |
| 1. Frequent pain or tightness in your chest |  |  | respirator |  |  |
| 1. Pain or tightness in your chest during physical activity |  |  |  |  |  |
| 1. Pain or tightness in your chest that interferes with your |  |  |  |  |  |
| job |  |  |  | | |
| 1. In the past 2 years, have you noticed your heart |  |  |  | | |
| skipping or missing a beat |  |  |  | | |
| 1. Heartburn or indigestion that is not related to eating |  |  |  |  |  |
| 1. Any other symptoms that you think may be related to |  |  | **9.** Would you like to talk to an Occupational Health, |  |  |
| heart circulation problems |  |  | healthcare professional about your answers? |  |  |

|  |  |  |
| --- | --- | --- |
| Please briefly comment on the “Yes” or positive responses from any section: | | |
|  | | |
|  | | |
|  | | |
| **To the best of my ability, I affirm that the information completed on this form is true and correct.**  **I will submit to Occupational Health located t Delp G110 or occ@kumc.edu, for a provider review and medical evaluation completion.** | | |
| **Electronic Signature** | **Date** | |
| ***Print Name:*** | |  |

# OFFICIAL USE ONLY: RESPIRATOR MEDICAL EVALUATION (by Licensed health care professional)

*Responses above determine the provider’s medical opinion and the employee’s ability to be N95 respirator fit tested and/or wear a PAPR.*

**N95 Fit Testing**  Cleared  Failed **Powered Air Purifying Respirator (PAPR)**  Cleared to don  Failed to don

**Medical opinion for failure is due to:**









 Click or tap to enter a date.

***Reviewing Provider Signature******DATE***