WMD-CST OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

Name: **Date:**
Age: **Gender:** **Rank:**

Duty Position:

Unit:

TO THE EMPLOYEE (MUST ACKNOWLEDGE)
Answer to questions in Section 1, and to question 9 in section 2 of part A, do not require a medical examination. However, it does require that a Physician or Licensed Health Care Professional (PLHCP) review this questionnaire and answer any questions you may have concerning the questionnaire.

☐ I acknowledge I am responsible to report medical (including mental health) and health issues that may affect my readiness to deploy or fitness to continue serving in an active status in accordance with Department of Defense Instruction 6025.19, Individual Medical Readiness. As a condition of continued participation in military service, I must report significant health information to my chain of command. In addition, I will authorize and facilitate disclosures of all health information by any non-DoD health care provider(s) to the Military Health System (MHS) and/or to my respective Reserve Component. **Employee Initial:**

TO THE PHYSICIAN OF OTHER LICENSED HEALTH CARE PROFESSIONAL (PLHCP)
Review Part A Sections 1 and 2. When an employee answers YES to any of the questions in Section 2 and the questionnaire is not administered in conjunction with a physical examination, the employee may be considered for a follow-up physical examination with particular emphasis on those areas in which the employee answered YES. When an employee answers YES to any of the questions in Section 2 and this questionnaire is completed in conjunction with a physical examination, the physician will place a particular emphasis upon those areas to which the employee answered YES.

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. Your height:_____ft. _____in.
2. Your weight:_____lbs.
3. Your job title: Civil Support Team Member / HAZMAT Technician
4. A phone number where you can be reached by the health care professional who will review this questionnaire (include area code):_____
5. The best time to phone you at this number is:_____am/_____pm.
6. Has your employer told you how to contact the health care professional who will review this questionnaire? (check one) Yes ☐ No ☐
7. 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)
8. Have you worn a respirator (Check one): Yes ☐ No ☐
   If "Yes", what type(s):_____

WMD-CST OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

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 check "Yes" or "No").

	Yes	No	
1.	☐	☐	**Do you currently smoke tobacco, or have you smoked tobacco in the last month?**
2.			**Have you ever had any of the following conditions?**
	☐	☐	a. Seizures (fits)
	☐	☐	b. Diabetes (sugar disease)
	☐	☐	c. Allergic reactions that interfere with your breathing
	☐	☐	d. Claustrophobia (fear of closed-in places)
	☐	☐	e. Trouble smelling odors
3.			**Have you ever had any of the following pulmonary or lung problems?**
	☐	☐	a. Asbestosis
	☐	☐	b. Asthma
	☐	☐	c. Chronic bronchitis
	☐	☐	d. Emphysema
	☐	☐	e. Pneumonia
	☐	☐	f. Tuberculosis
	☐	☐	g. Silicosis
	☐	☐	h. Pneumothorax (collapsed lung)
	☐	☐	i. Lung cancer
	☐	☐	j. Broken ribs
	☐	☐	k. Any chest injuries or surgeries
	☐	☐	l. Any other lung problem that you've been told about
4.			**Do you currently have any of the following symptoms of pulmonary or lung disease?**
	☐	☐	a. Shortness of breath
	☐	☐	b. Shortness of breath when walking 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
	☐	☐	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 mostly occurs 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

WMD-CST OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

	Yes	No	
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
	☐	☐	g. High blood pressure
	☐	☐	h. Any other heart problems 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 might 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 (fits)
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 question?**

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or 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 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 blindness
	☐	☐	d. Any other eye or vision problems

WMD-CST OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

	Yes	No	
12.	☐	☐	**Do you have an injury to your ears, including a broken ear drum?**
13.			**Do you currently have any of the following hearing problems?**
	☐	☐	a. Difficulty hearing
	☐	☐	b. Wear a hearing aide
	☐	☐	c. Any other hearing or ear problems
14.	☐	☐	**Do you currently have a back injury preventing you from donning PPE?**
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 that prevents you from donning PPE
	☐	☐	c. Difficulty fully moving your arms and legs
	☐	☐	d. Pain or 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 25lbs.
	☐	☐	j. Any other muscle or skeletal problem that interferes with using a respirator

16. List any current diagnosed conditions that are being managed by a provider.

_____

_____

_____

_____

17. List all surgeries.

_____

_____

_____

_____

18. List all vitamins, herbal supplements, prescribed, over the counter medications, and dosages.

_____

_____

_____

_____

19. Who are all the provider that you see for you medical conditions to include address and contact number.

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_____

_____

_____

_____

WMD-CST OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

TO THE PLHCP

Check √ the ONE that applies

☐ I have reviewed Part A Section 2 of this questionnaire and the employee has been cleared for use of a respirator while in full protective ensemble while on duty for a WMD-CST.

☐ I have reviewed Part A Section 2 of this questionnaire and the employee has NOT been cleared for use of a respirator while in full protective ensemble while on duty for a WMD-CST

PLHCP Notes

PLHCP Signature

Employee Signature