M E M O R A N D U M

OREGON DEPARTMENT OF FISH AND WILDLIFE

DATE:
FROM: Jerry Cotter, Safety & Health Manager
TO: Station Managers
SUBJECT: Respiratory Protection Medical Evaluations

Enclosed is the **Respirator Medical Evaluation Questionnaire** and the **Respirator Users Questionnaire Supplementary Information** form. These forms must be filled out by all ODFW employees that wear respirators, regardless of how much they wear them.

Please distribute these forms to all sites as needed, along with a copy of this cover memo. The manager at each site should then distribute them to respirator wearers at the site. Employees should complete the questionnaire and supplement as soon as possible and send it directly to the physician. Employees may keep a copy for their personal use, but should not maintain a copy at their worksite, or send copies to the Regional Office or Human Resources. The physician's name and address is:

Dr. Carol Gunn
Occupational Medicine
9370 SW Greenburg Road Suite 423
Portland, Oregon 97223-5442
Phone Voice: 503 542-0080
Fax: 503 542-0083

Upon reviewing the questionnaire, Dr. Gunn will issue a written clearance for the employee to wear the respirator if there are no responses on the questionnaire to indicate possible health problems. When indicated, Dr. Gunn may contact the employee directly to clarify some responses on the questionnaire, and/or he may request further medical evaluation prior to clearing an employee to wear a respirator. If medical evaluation is needed, Dr. Gunn will notify the employee of what medical tests are required, and where in their location they need to go for the tests.

Please see ODFW Personnel Policy and Procedure HR 480_15 "Respiratory Protection" for further information. Medical surveillance requirements are on pages 4 and 5 of this policy. Also, feel free to contact me at (503) 947-6062 if you have any questions.

ODFW Respiratory Protection Medical Surveillance

1. Supervisor distributes Health History Questionnaires and any other supporting material to employees.

2. Employees complete questionnaire and support materials and send directly to ODFW contract physician.

3. Contract physician reviews questionnaires, along with information pertaining to respirator use in the employee's workplace.

4. Contract physician may:

    a) Issue written clearance for employee to wear respirator (Go to Step 8);
    b) Request the employee undergo further evaluation before issuing a written clearance;
    c) Issue written opinion employee should not wear respirator.

5. If contract physician requests further evaluation, the contract physician will provide instructions on where, in the employee's locale, to report for further evaluation. In some cases the contract physician may give specific instructions on what tests or procedures the employee must undergo, and then have the employee report to their personal physician for evaluation.

6. Employee undergoes evaluation. Results are sent directly from the examining physician's office to the ODFW contract physician.

7. Contract physician may:

    a) Issue written clearance for employee to wear respirator;
    b) Issue written opinion employee should not wear respirator.

8. A copy of the written clearance or written opinion employee should not wear a respirator will be sent directly from the contract physician to the employee and their supervisor.

9. The contract physician will maintain the original Health History Questionnaire, the results of any tests performed, and respirator clearance forms in an individual employee medical file. This file is available for review by the employee.

ODFW OSHA Respirator Medical Evaluation Questionnaire

☐ **BASELINE** ☐ **RENEWAL**

To the employee: Can you read? (question asked verbally)

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.

Dr. Carol Gunn, Occupational Medicine, 9370 SW Greenburg Road Suite 423
Portland, Oregon 97223-5442 Phone Voice: 503 542-0080, Fax: 503 542-0083

==========

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.

Your name:_____ Social Security No: _____

Your age (to nearest year):_____ Sex: ☐ Male ☐ Female

Your height: _____ ft. _____ in. Your weight: _____ lbs.

Your job title:_____

A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): _____

The best time to phone you at this number: _____

Has your employer told you how to contact the health care professional who will review this questionnaire?

Yes **No**

☐ ☐

Check the type of respirator you will use (you can check more than one category):

☐ N, R, or P disposable respirator (filter-facepiece, non-cartridge type only).

☐ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

Have you worn a respirator?

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 check "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?

Yes	No	
☐	☐	Seizures (fits)
☐	☐	Diabetes (sugar disease)
☐	☐	Allergic reactions that interfere with your breathing
☐	☐	Claustrophobia (fear of closed-in places)
☐	☐	Trouble smelling odors

3. Have you ever had any of the following pulmonary or lung problems?

Yes	No	
☐	☐	Asbestosis
☐	☐	Asthma
☐	☐	Chronic bronchitis
☐	☐	Emphysema
☐	☐	Pneumonia
☐	☐	Tuberculosis
☐	☐	Silicosis
☐	☐	Pneumothorax (collapsed lung)
☐	☐	Lung cancer
☐	☐	Broken ribs
☐	☐	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?

Yes	No	
☐	☐	Shortness of breath
☐	☐	Shortness of breath when walking fast on level ground or walking up a slight hill or incline
☐	☐	Shortness of breath when walking with other people at an ordinary pace on level ground
☐	☐	Have to stop for breath when walking at your own pace on level ground
☐	☐	Shortness of breath when washing or dressing yourself
☐	☐	Shortness of breath that interferes with your job
☐	☐	Coughing that produces phlegm (thick sputum)
☐	☐	Coughing that wakes you early in the morning
☐	☐	Coughing that occurs mostly when you are lying down
☐	☐	Coughing up blood in the last month
☐	☐	Wheezing
☐	☐	Wheezing that interferes with your job
☐	☐	Chest pain when you breathe deeply
☐	☐	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?

Yes	No	
☐	☐	Heart attack
☐	☐	Stroke
☐	☐	Angina
☐	☐	Heart failure
☐	☐	Swelling in your legs or feet (not caused by walking)
☐	☐	Heart arrhythmia (heart beating irregularly)
☐	☐	High blood pressure
☐	☐	Any other heart problem that you've been told about

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

Yes	No	
☐	☐	Frequent pain or tightness in your chest
☐	☐	Pain or tightness in your chest during physical activity
☐	☐	Pain or tightness in your chest that interferes with your job
☐	☐	In the past two years, have you noticed your heart skipping or missing a beat
☐	☐	Heartburn or indigestion that is not related to eating
☐	☐	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?

Yes	No	
☐	☐	Breathing or lung problems
☐	☐	Heart trouble
☐	☐	Blood pressure
☐	☐	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, skip this question and go to question 9).

Yes	No	
☐	☐	Eye irritation
☐	☐	Skin allergies or rashes
☐	☐	Anxiety
☐	☐	General weakness or fatigue
☐	☐	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?

Yes	No
☐	☐

==========

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)?

Yes	**No**
☐	☐

11. Do you currently have any of the following vision problems?

Yes	**No**	
☐	☐	Wear contact lenses
☐	☐	Wear glasses
☐	☐	Color blind
☐	☐	Any other eye or vision problem

12. Have you ever had an injury to your ears, including a broken eardrum?

Yes	**No**
☐	☐

13. Do you currently have any of the following hearing problems?

Yes	**No**	
☐	☐	Difficulty hearing
☐	☐	Wear a hearing aid
☐	☐	Any other hearing or ear problem

14. Have you ever had a back injury?

Yes	**No**
☐	☐

15. Do you currently have any of the following musculoskeletal problems?

Yes	**No**	
☐	☐	Weakness in any of your arms, hands, legs, or feet
☐	☐	Back pain
☐	☐	Difficulty fully moving your arms and legs
☐	☐	Pain or stiffness when you lean forward or backward at the waist
☐	☐	Difficulty fully moving your head up or down
☐	☐	Difficulty fully moving your head side to side
☐	☐	Difficulty bending at your knees
☐	☐	Difficulty squatting to the ground
☐	☐	Climbing a flight of stairs or a ladder carrying more than 25 lbs.
☐	☐	Any other muscle or skeletal problem that interferes with using a respirator

==========

Part B. 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:

Yes	**No**	
☐	☐	Asbestos
☐	☐	Silica (e.g. , in sandblasting)
☐	☐	Tungsten/cobalt (e.g., grinding or welding this material)
☐	☐	Beryllium
☐	☐	Aluminum
☐	☐	Coal (for example, mining)
☐	☐	Iron
☐	☐	Tin
☐	☐	Dusty environments
☐	☐	Any other hazardous exposures

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:_____
_____

10. Will you be using any of the following items with your respirator(s)?

Yes **No**

☐ ☐ HEPA Filters
☐ ☐ Canisters (for example, gas masks)
☐ ☐ Cartridges

11. How often are you expected to use the respirator(s)? (check yes or no for all answers that apply to you):

Yes **No**

☐ ☐ Escape only (no rescue)
☐ ☐ Emergency rescue only
☐ ☐ Less than 5 hours per week
☐ ☐ Less than 2 hours per day
☐ ☐ 2 to 4 hours per day
☐ ☐ Over 4 hours per day

12. During the period you are using the respirator(s), is your work effort:

Yes **No**

☐ ☐ **Light** (less than 200 kcal per hour)

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).

Yes **No**

☐ ☐ **Moderate** (200 to 350 kcal per hour)

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).

Yes **No**

☐ ☐ **Heavy** (above 350 kcal per hour)

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):

_____
_____
_____
_____
_____
_____

Your Name: _____
(please print)

Signature: _____

Employer: **Oregon Department of Fish & Wildlife**

Station / Division: _____

Supervisor: _____

Date: _____

ODFW Respirator Users Questionnaire
Supplementary Information

Name:_____

In addition to completing the **ODFW OSHA Respirator Medical Evaluation Questionnaire**, please complete this following form and send it the physician along with the questionnaire.

Type and weight of respirator(s) used:

Half Facepiece Air Purifying Respirator (APR) Full Facepiece APR

Supplied Air Respirator (specify Half or Full Facepiece, Abrasive blasting, etc.)

Self-Contained Breathing Apparatus (SCBA)

Weight:_____ Don't worry too much about the weight of air purifying respirators, a good estimate of the other types is acceptable.

Duration and Frequency of use:

Describe the number of hours or minutes per day, days per week, and weeks per year you personally use a respirator. You can use another measure if this more clearly illustrates your personal use.

Example: 20 minutes/day, 3 days/week, 10 weeks/year; or 10 min./day, 5 days/year

Expected physical work effort:

Low (spray painting) Moderate (cleaning a floor, beating a carpet)
Heavy (pick and shovel work)

We don't actually do all these activities wearing respirators, however use them as a guide for judging the physical work effort you perform.

Additional protective clothing and equipment you wear:

Temperature and humidity extremes you encounter: