

Respirator Questionnaire for TB mask Baylor Occupational Health Program

Section I: Employee Information (please print)

Name:		BCM ID (if known):
Last	First	MI
Date of Birth:	Age:	Phone Number:
Section II: Resp	irator/Wor	k Information (Check all that apply)
DURATION OF RESPIRATOR USE: Only during patient care activities Only during emergency situations Regularly, but less than 5 hrs./week Over 1 hour per day every day		LEVEL OF EXERTION DURING RESPIRATOR USE: Light (mainly sedentary work, no lifting) Moderate (lifting up to 20 pounds occasionally) Heavy (carrying over 20 pounds or climbing frequently
Section III: Med	cal Histor	y / Symptom Review
Do you have or have you ever had aHeart Attack or anginaHeart arrhythmiasOther heart disease:StrokeAsthma (if yes, indicate if condition is active and how frequently you use medication)		ny of the following medical conditions? Tuberculosis Emphysema/Chronic bronchitis (with symptoms Pneumothorax (lung collapse) Any surgery or serious injury to the chest
		Pneumonia (if yes, when)Other lung diseaseAnemiaSkin allergies or rashes (if yes, substance)
Do you have or have y which you think are ou	_	the following problems? Please check any symptoms Persistent chest pains
Persistent cough (outside of c		Palpitations or skipped heart beats Loss of consciousness
Are you taking any medicati f yes, please list		YesNo
we you smoked within the last we you ever worn a respirato f yes and you had problems	r before	YesNo
	have furnished i	to determine my ability to wear a respirator for protection from strue to the best of my knowledge. If I experience a significant chang ional Health
nature		Date
P use: Reviewer	Y	_N Date