

## OKLAHOMA DEPARTMENT OF CORRECTIONS Respirator Questionnaire

### Part A. Section 1

Date	Employee Name	Job Title	Date of Birth	Gender F <input type="checkbox"/> M <input type="checkbox"/>
Height Ft.      In.	Weight lbs.	Phone Number (    )	Do you wear glasses or contact lenses? If yes, circle one      Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you color blind? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have you worn a respirator before? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, what type(s):

### Part A. Section 2

	YES	NO
1. Do you currently smoke tobacco, or have you smoked tobacco in the last month?		
2. Do you have facial hair?		
3. Have you ever had any of the following conditions?		
Seizures (fits)		
Diabetes (sugar disease)		
Allergic reactions that interfere with your breathing		
Claustrophobia (fear of closed-in places)		
Trouble smelling odors		
4. Have you ever had any of the following pulmonary or lung problems?		
Asbestosis		
Asthma		
Chronic bronchitis		
Emphysema		
Pneumonia		
Tuberculosis		
Silicosis		
Pneumothorax		
Lung cancer		
Broken ribs		
Any chest injuries or surgeries		
Any other lung problem that you've been told about		
5. Do you currently have any of the following symptoms of pulmonary or lung illness?		
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 (list)		
6. Have ever had any of the following cardiovascular or heart problems?		
Heart attack		
Stroke		
Angina		
Heart failure		
Swelling in your legs or feet (not caused by walking)		
Heart arrhythmia (heart beating irregularly) Heart arrhythmia (heart beating irregularly)		
High blood pressure		

	YES	NO
Any other heart problem that you've been told about (list)		
7. Have you ever had any of the following cardiovascular or heart symptoms?		
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 (list)		
8. Do you currently take medication for any of the following problems?		
Breathing or lung problems		
Heart trouble		
Blood pressure		
Seizures		
List all medications you take including over-the-counter medications		
9. If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check NO on this line and go to next question)		
Eye irritation		
Skin allergies		
Anxiety		
General weakness or fatigue		
Any other problem that interferes with your use of a respirator (list)		
10. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?		

Referred for medical evaluation? Yes  No

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewer Signature

\_\_\_\_\_  
Date

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For Official Use Only

QLFT Mask Fit Test Result	Respirator Assignment	Respirator Size
Saccharin    PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	N95 Disposable / Brand _____	Small <input type="checkbox"/>
Bitter        PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	Reusable half facepiece Brand _____	Medium <input type="checkbox"/>
		Large <input type="checkbox"/>