

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.

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. Today's date: \_\_\_\_\_
2. Your Name: \_\_\_\_\_
3. ' D W H R I % L U W K: \_\_\_\_\_
4. \* H Q G H U , G H Q W L W \: \_\_\_\_\_
5. Your height: \_\_\_\_\_ ft. \_\_\_\_\_ in.
6. Your Weight: \_\_\_\_\_
7. Your job title: \_\_\_\_\_
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): \_\_\_\_\_
9. The best time to phone you at this number: \_\_\_\_\_
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes No
11. Check the type of respirator you will use (you can check more than one category):  
 N, R, or P disposable respirator (filter-mask, non-cartridge type only).  
 Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
12. Have you worn a respirator (circle one): Yes No  
, I \ H V ´ type(s) W \_\_\_\_\_

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

- |  |     |    |
|--|-----|----|
| a. Asbestosis:   | Yes | No |
| b. Asthma:   | Yes | No |
| c. Chronic bronchitis:                                 | Yes | No |
| d. Emphysema:  | Yes | No |
| e. Pneumonia:  | Yes | No |
| f. Tuberculosis:                                       | Yes | No |
| g. Silicosis:  | Yes | No |
| h. Pneumothorax (collapsed lung):                      | Yes | No |
| i. Lung cancer:  | Yes | No |
| j. Broken ribs:  | Yes | No |
| k. Any chest injuries or surgeries:                    | Yes | No |
| l. Any other lung problem that you've been told about: | Yes | No |

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

- |  |     |    |
|--|-----|----|
| a. Shortness of breath:  | Yes | No |
| b. Shortness of breath when walking fast on level ground or walking up a slight hill<br>or | b.  |    |

- g. High blood pressure: Yes No
- h. Any other heart problem that you've been told about: Yes No

6. Have you ever had