To the employee:

If you need assistance in completing this questionnaire, please contact USA’s Safety and Environmental Compliance Department at 251-460-7070.

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. J-Number: ________________________________________
4. Your height: ________________________________________
5. Your job title: ________________________________________
6. Department Supervisor: ________________________________________
7. A phone number where you can be reached _______________ The best time to phone you at this number: ________________________________
8. 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-face type, powered-air-purifying, supplied-air, self-contained breathing apparatus).
9. Have you worn a respirator (circle one):   Yes  No
    If yes, what type(s): _____________________________________________
    ________________________________________________________________

Part A. Section 2, (Mandatory) Questions 1 through 7 below must be answered by every employee who has been selected to use any type of respirator (please circle “yes” or “no”).

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month (Circle one).
2. Have you ever had any of the following conditions?

a. Seizures                  Yes  No
b. Diabetes (sugar disease) Yes  No
c. Allergic reactions that interfere with your breathing Yes  No
d. Claustrophobia (fear of closed-in places) Yes  No
e. Trouble smelling odors   Yes  No

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 problems that you have 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 or incline Yes  No
c. Shortness of breath when walking with other people at an ordinary pace on level ground Yes  No
d. Have to stop for breath when walking at your pace on level ground Yes  No
e. Shortness of breath when washing or dressing yourself Yes  No
f. Shortness of breath that interferes with your job Yes  No
g. Coughing that produces phlegm (thick sputum) Yes  No
h. Coughing that wakes you early in the morning Yes  No
i. Coughing that occurs mostly when you are lying down Yes  No
j. Coughing up blood in the last month Yes  No
k. Wheezing                  Yes  No
l. Wheezing that interferes with your job Yes  No
m. Chest pain when you breath deeply Yes  No
n. Any other symptoms that you think may be related to Yes  No
PRE-RESPIRATOR FIT TEST QUESTIONNAIRE

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5. Do you currently take medication for any of the above conditions? Yes No
   If yes, please list ____________________________________
   ____________________________________
   ____________________________________

6. If you have used a respirator, have you ever had any of the following problems?
   a. Eye irritation Yes No
   b. Skin allergies or rashes Yes No
   c. Anxiety Yes No
   d. General weakness or fatigue Yes No
   e. Any other problem that interferes with your use of a respirator Yes No

7. Have there been any changes in your medical history since your last Pre-Respiratory Fit Test questionnaire was completed? Yes No

Reviewed by:

_______________________________
Safety and Environmental Compliance

_______ Approved for respirator fit test.

_______ Further medical evaluation is requested.

Reviewed 2015

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