

UNIVERSITY OF SOUTH ALABAMA  
PRE-RESPIRATOR FIT TEST QUESTIONNAIRE

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 job title: \_\_\_\_\_
- 5. Department Supervisor: \_\_\_\_\_
- 6. A phone number where you can be reached \_\_\_\_\_ The best time to phone  
you at this number: \_\_\_\_\_
- 7. 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).
- 8. 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).                      Yes                      No

## PRE-RESPIRATOR FIT TEST QUESTIONNAIRE

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

- lung problems
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.

## PRE-RESPIRATOR FIT TEST QUESTIONNAIRE

### **Privacy & Confidentiality**

The University of South Alabama department of Safety & Environmental Compliance (SEC) is committed to maintaining the privacy and confidentiality of all employee/student information. You have the right to privacy concerning your health information. All counseling received at the SEC Training Coordinator's Office will be kept strictly confidential, except as required by law. Our Privacy Notice and policy on the Disclosure of Information are provided to acquaint you with your rights as an employee/student.

The SEC Training Coordinator is responsible for the maintenance, disclosure and security of all medical questionnaires. The privacy of your medical information is safeguarded. Information is available to any clinician, attorney or medical professional with your written authorization. If you would like to disclose information contained in your record to a third party, you must complete a written Authorization to Release Information form and submit it to the SEC Training Coordinator directly.