

Respiratory Health Screening Questionnaire

Rev: 01

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Complete this questionnaire before completing a respiratory fit test. If you answer "yes" to any of the questions below, further assessment is required; contact EH&S for next steps.

Worker Information:

First Name:	Last Name:
Email:	Contact Number:
Department:	Job Title:
Date:	Supervisor Name:
Supervisor Phone:	Supervisor Email:

Respirator User's Health Condition Questionnaire:

Check Yes or No box only. Do NOT specify medical information on this form.

Some conditions can seriously affect your ability to safely use a respirator. Do you have or have you experienced any condition that could affect respirator use? (e.g. asthma, emphysema, claustrophobia, pacemaker)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had previous difficulty while using a respirator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any concerns about your future ability to use a respirator safely?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>A YES answer to any of the above questions indicates further assessment by a health care professional is required prior to respirator use.</i></p> <p><i>If the respirator to be used is a powered air respirator, ensure further assessment and training is completed.</i></p>	

I have answered the questions truthfully, to the best of my ability and knowledge, and agree that if there are any changes to my health or body that may cause difficulties wearing a respirator I will let my supervisor know and contact EH&S for a reassessment.

I have reviewed the MRU Respiratory Protection Program and understand my responsibilities under the program.

I consent to allow HR to send information needed to EH&S about my fitness regarding my ability to wear a respirator.

Name:	Date:
Signature:	