

PARTICULATE RESPIRATOR APPROVAL FORM

**UVa Health System
UVA-WorkMed**

Section 1 – Health Questionnaire

To be completed by employee

Name (Please print) _____

Employee ID# _____



	Yes	No
1. Do you smoke tobacco? If yes, how many packs per day? _____ Number of years _____		

	Yes	No
2. Have you ever had any of the following conditions? (indicate yes or no for each)		
a. Seizures (fits)		
b. Diabetes (sugar disease)		
c. Allergic reactions that interfere with your breathing		
d. Claustrophobia (fear of closed-in places)		
e. Trouble smelling odors		

	Yes	No
3. Have you ever had any of the following pulmonary or lung problems?		
a. Asbestosis		
b. Chronic bronchitis more than 3 episodes in the last year		
c. Emphysema		
d. Lung cancer		
e. Silicosis		
f. Chest injuries or surgeries		
g. Asthma as an adult		
h. Pneumonia in the last month		
i. Tuberculosis (active disease)		
j. Any other lung problem that you've been told about:		

	YES	NO
4. Do you currently have any of these symptoms of pulmonary or lung illness?		
a. Shortness of breath		
b. Shortness of breath with light activity		
c. Shortness of breath with strenuous activity		
d. Cough that produces thick sputum or blood		
e. Cough lasting longer than 3 weeks		
f. Wheezing		
g. Wheezing that interferes with work		
h. Any other symptoms that may be related to lung problems:		

	YES	NO
5. Have you ever had any of the following cardiovascular or heart problems?		
a. Heart Attack		
b. Stroke		
c. Angina (chest pain)		
d. Heart failure		
e. Irregular heart beat		
f. Swelling in your legs or feet (not caused by walking)		
g. High blood pressure		
h. Any other heart problems:		

	YES	NO
6. Have you ever had any of the following cardiovascular or heart symptoms?		
a. Frequent pain or tightness in your chest		
b. In the past two years, have you noticed your heart skipping or missing a beat?		
c. Heartburn or indigestion that is not related to eating		
d. Any other symptoms that may be related to heart or circulation problems		

	YES	NO
7. Do you currently take medication for any of the following problems?		
a. Breathing or lung problems		
b. Heart trouble		
c. Blood pressure		
d. Seizures (fits)		

	YES	NO
8. If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, skip question 8 and go to question 9)		
a. Eye irritation		
b. Skin allergies or rashes		
c. Anxiety		
d. General weakness or fatigue		
e. Any other problem that interferes with your use of a respirator		

	YES	NO
9. Would you like to talk to the health care professional who will review this survey?		

Employee Signature _____

Date: _____

-----Do not write below this line-----

Comments:

WorkMed Initials _____

