

Legacy Health

Instructions for employers

Respiratory medical surveillance form

Employers, please use our Business Health Services (BHS) forms, not the forms from the OSHA website, when helping to prepare your employees for a respirator fit test.

Our BHS forms give our health providers important additional information so they can decide if a respirator is appropriate for the applicants.

The BHS form also includes a “record and report” section, which includes a very important portion for the employer along with the “report section,” where our health practitioners write “pass” or “fail.”

Please always instruct your employee(s) to fill out their portion of the form completely. It must include a complete address, a date of birth and your company name.

The portion filled out by your employee is confidential, which means you must give your employee an envelope labelled with their name. Instruct them to place the finished form in the envelope, seal it and return it to you. You may then forward it on to BHS.

The completed form is a necessary first step for the respirator fit test, and must be received and reviewed by BHS providers prior to your employee’s appointment.

Our health providers use the form to determine whether an individual can safely wear a respirator. If the answer is “yes,” the next step is a respirator fit test. If, however, the provider has questions or concerns, the employee may be asked to make an appointment for a follow-up medical evaluation which may include medical tests or diagnostic procedures per the OSHA Respiratory Protection Standard.

You may also stop by the BHS office or call 971-983-5340 to request a copy of the forms in either English, Spanish or both. Please make copies for future use.

Employer Form

LEGACY BUSINESS HEALTH SERVICES
Health and Safety Services to Businesses and Organizations

Report Date: _____

RECORD AND REPORT OF MEDICAL EVALUATION
EMPLOYEE RESPIRATORY PROTECTION PROGRAM

Under Occupational Health regulations (29 CFR 1910.134), an employee assigned to job duties that require the use of special respiratory Personal Protective Equipment is evaluated by a healthcare professional prior to being fit tested and beginning these job duties to determine that he/she is “medically able to use a respirator”. This evaluation is based on considerations of the job duties and the types of respiratory equipment required as well as one or more of the following: a mandatory questionnaire, a medical and work history, a spirometric pulmonary function test, a medical examination or other tests and procedures. The clinic has available copies of OAR 437.1910.134 (a) - (c) and appendices and information about the Respiratory Protection Program adopted by the company. **PRINT CLEARLY IN INK, THIS BECOMES A PERMANENT RECORD.**

NAME: _____ SEX: _____ DOB: _____ SOC. SEC. NO.: _____
M F

JOB DUTIES: _____ COMPANY: _____

Types and weights of respirators: _____
Duration and frequency of use: _____
Expected physical work effort: _____
Additional protective clothing to be worn: _____
Temperature and/or humidity extremes: _____

Based upon a review of the information developed through the evaluation process and taking into account the anticipated demands of the tasks and equipment involved in the job assignment it is my finding that:

This individual has no apparent history or medical condition that would indicate that he/she is not in adequate health to be **MEDICALLY ABLE** to properly use the appropriate respiratory PPE.
 This individual has a history or medical condition that warrants special consideration or adaptation prior to assignment to this job and the required respiratory PPE. (SEE BELOW)
 This individual has a history or medical condition that warrants further investigation or evaluation before it can be determined that he/she is “medically able” to use the assigned respiratory protective equipment. (NOTED FOR EMPLOYEE IN SPACE BELOW)
 It is medically inadvisable that this employee be assigned to these tasks at this time.

RECOMMENDATIONS AND LIMITATIONS (employee and/or workplace): _____

DATE: _____
LEGACY BUSINESS HEALTH SERVICES
1475 Mt. Hood Avenue
Woodburn, OR 97071

PHYSICIAN'S SIGNATURE: _____
NAME AND DEGREE: _____

00060-00-00006 ROUTE: COMPANY signed photo copy EMPLOYEE one photo copy FILE: #1 original

Filed by Employer

Employee Form

INITIAL "RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE"

EMPLOYEE NAME (L, F, MI): _____ SOC. SEC. NO.: _____ SEX: _____ AGE TO THE NEAREST YEAR: _____ BIRTH YEAR: _____
M F

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ HEIGHT: _____ WEIGHT: _____
_____R _____L _____EKG

EMPLOYER / COMPANY: _____ JOB REQUIRING RESPIRATOR: _____ BEST TIME TO PHONE YOU: _____

This Questionnaire is part of the Company's written Respiratory Protection Program, intended to ensure that employees using respirators to protect their health are medically able to properly do so. This information will be reviewed by a physician who will evaluate that medical ability. In some cases a follow-up medical examination and a pulmonary function test may be part of the evaluation process.
This evaluation will be done by the physician identified on page 6 of this form. The physician's name, address and telephone number are posted at the company.
This evaluation is required before you can be assigned to jobs at the company that require respiratory protection. Please answer each question honestly and to the best of your ability. The information you provide is confidential and is not released to the Company. These questions are required by occupational safety and health regulations. (please print!)

PART A, SECTION 1 (MANDATORY)

A. Has your employer told you or have you been told how to contact the health care professional who will review this Questionnaire? (circle) Yes No

B. Check the types of respirators you will be using on this job:
 Not resistant, Resistant or Oil Proof filter disposable mask;
 Half or full face N, R or P Cartridge filter reusable mask;
 Half or full face powered filter mask;
 Half or full face supplied airline mask;
 Half or full face self-contained Breathing Apparatus.

C. Have you worn a respirator in the past? (circle) Yes No
If "yes", what types? _____

D. Did you experience any difficulty breathing while using these respirators? (circle) Yes No
If "yes", describe the difficulty: _____

PART A, SECTION 2 (MANDATORY) Questions 1 through 9 must be answered by every employee who has been selected to use any type of respirator (please circle):

1. Do you currently smoke tobacco or have you smoked tobacco in the last month? (circle) Yes No

2. Have you ever had any of the following conditions? Yes No

a. Seizures (fits): _____
b. Diabetes (sugar disease, sugar diabetes): _____
c. Allergic reactions that interfere with your breathing? _____
d. Claustrophobia (fear of enclosed places): _____
e. Trouble smelling odors: _____





Respirator Fit Test

Instruct employees to be clean-shaven for the respirator fit test, and to bring their mask with them. If their mask operates with a filter, the filter must also be made available to the BHS health provider at the time of the test.



Urine Drug Screen

Donors are required to bring a photo I.D. and to refrain from drinking fluids during the two hours prior to the test.



Audiometry (hearing test)

It is important to avoid loud noise exposure for at least 14 hours prior to a baseline or annual hearing test.

Inform employees that if they tend to have ear wax build-up to consult their personal physician for possible removal prior to testing. This is not typically an employer-paid expense. If you choose not to cover it, your employee should be prepared to pay their co-pay and submit charges to their health insurance company or, alternatively, pay cash at the time of their appointment with their personal physician.

If, at the time of the hearing test, the examiner is unable to visualize the eardrum due to ear wax build-up, the audiometric test will not be performed. The test must be rescheduled no less than 48 hours after ear wax removal. If there is ear congestion due to allergies or sinus or cold symptoms, the health providers at Business Health Services will determine the best timeframe for the hearing test.