

Instructions for employers

BHS OSHA Respiratory Medical Evaluation Questionnaire

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.

Page 1 is for the employer to list critical information about the respirator use. We have made a pdf fillable form of just this first page for the employer's convenience in filling out. This is also the page where the Provider Determination will ultimately be reported and a copy returned to the Employer upon completion.

Please always instruct your employee(s) to fill out their portion of the form completely (top of page 1 and then pages 2-6). It must include a complete name, date of birth, a valid personal phone number and your company name.

The medical portion (pages 2-6) 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. The document review fee will be charged upon receipt of the form.

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.

Forms are available on our website at legacyhealth.org/bhs under Forms and Resources. 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 (page 1)

Business Health Services
1475 W. Wood Avenue
Woodlawn, Oregon 97077
LEGACY HEALTH
RESPIRATORY SERVICES

REPORT DATE: _____

USE EXPIRATION DATE: _____

RECORD AND REPORT OF MEDICAL EVALUATION
EMPLOYEE RESPIRATORY PROTECTION PROGRAM

Under federal Occupational Health regulation (29CFR 1910.134, available at www.OSHA.gov), an employee assigned to job duties that require the use of special respiratory Personal Protective Equipment (PPE) is evaluated by a health care provider 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 preliminary pulmonary function test, a medical examination and PFT, as well as one or more.

PRINT CLEARLY IN INK. THIS BECOMES A PERMANENT RECORD.

EMPLOYEE NAME:	SEX	DOB	EMPLOYEE PHONE
JOB DUTIES:	M	F	COMPANY:

Types and work/duties of evaluation: _____

Duration and frequency of use: _____

Expected physical work effort: _____

Additional protective clothing to be worn: _____

Inspiratory and/or Expiratory resistances:
 inspiratory expiratory mandatory voluntary

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

This individual "as is" has no apparent history of medical condition that would indicate that this individual is not medically able to use an MTCO/VOE. (To report specific medical conditions, complete a PFT.)

This individual "as is" has a history of medical condition that warrants special consideration or evaluation prior to assignment to the job and the required respiratory PPE. (SI, RI, EOP)

This individual "as is" has a history of medical condition that warrants further investigation or evaluation before it can be determined if use of individual medical PPE is, or the assigned respiratory protective equipment.

It is medically inadvisable that this employee be assigned to these tasks at this time.

RECOMMENDATIONS AND LIMITATIONS: employee and/or workplace: _____

PROVIDER'S NAME, TITLE: _____ NAME AND ADDRESS: _____ DATE: _____

Employee Medical Questions (page 2-6)

INITIAL "RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE"

EMPLOYEE NAME (LAST, FIRST, MI) _____ COMPANY NAME _____ SEX _____ AGE (YR) _____ BIRTH YEAR _____

PHONE NUMBER (RECALL) OR TO REACH YOU _____ BEST TIME TO PHONE YOU _____ HEIGHT _____ WEIGHT _____

UNIT/DEPARTMENT _____ JOB REQUIREMENTS (RESPIRATOR) _____

This questionnaire is a part of the Company's OSHA Respiratory Protection Program, intended to ensure employees can medically perform the tasks assigned to them. The purpose is to ensure the safety of the employee. This information will be reviewed by a provider who will use this information to determine if the employee is medically able to use a respirator. The evaluation process, such as a follow-up medical examination, a pulmonary function test, etc.

If this evaluation will be done by the provider identified on page 6 of this form, the provider's name, address and telephone number are listed at the bottom.

If 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. To maintain your employment, your employer must not have any medical conditions that prevent you from working. If you have any medical conditions that prevent you from working, you will receive a letter from the Company. The information you provide is confidential and will not be shared with the Company or other employees. If you have any questions, please contact the BHS office at 971-983-5340.

PART A, SECTION 1 (MANDATORY)

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

B. Check the type of respirator you will be using on this job:
 full face respirator or full face fit respirator
 half or full face powered "air" mask
 half or full face supplied "air" mask
 half or full face self contained breathing apparatus
 Other _____

C. Have you worn a respirator in the past?
 If "yes," what type? (see answer in box on Page 4, Item 10?) (circle) Yes No

D. Did you ever use any of the following while using these respirators?
 If "yes," describe the difficulty in at least one place. (circle) Yes No

PART A, SECTION 2 (MANDATORY) (Questions 1 through 10 must be answered by every employee who has been selected to use a type of respiratory protection.)

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

2. Have you ever smoked tobacco other than in a pipe? (circle) Yes No

3. Have you ever had any of the following conditions?
 a. Asthma? (circle) Yes No
 b. Chronic bronchitis? (circle) Yes No
 c. Allergic reactions that interfere with your breathing? (circle) Yes No
 d. Claustrophobia or fear of closed-in places? (circle) Yes No
 e. Trouble swallowing? (circle) Yes No



Respirator Fit Test

Instruct employees to be clean-shaven the day of 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. It is also advisable for the employee to refrain from coffee, tea and smoking prior to their appointment.



Urine Drug Screen

Donors are required to bring photo I.D. and to refrain from drinking fluids during the two hours prior to the test. Scans, faxes, photos, or copies of I.D. are NOT accepted.



Audiometry (hearing test)

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

If an employee tends to have ear wax build-up and our examiner is unable to visualize the eardrum, the ears must be cleaned professionally. We can perform the cleaning at the time of the appointment for a fee. The company can stipulate whether the employee will pay the ear cleaning fee or if the company will be billed.

If, at the time of the hearing test, the examiner is unable to visualize the eardrum and the ears are cleaned, the audiometric test will not be performed. The test must be rescheduled, usually within 24 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.