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Part A. Section 1 (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator.

Please Circle Y or N

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month. Y / N
2. Have you ever had any of the following conditions.
 - a. Seizures (fits) Y / N
 - b. Diabetes (sugar disease) Y / N
 - c. Allergic reactions that interfere with your breathing. Y / N
 - d. Claustrophobia Y / N
 - e. Trouble smelling odors Y / N
3. Have you ever had any of the following pulmonary or lung problems?
 - a. Asbestosis Y / N
 - b. Asthma Y / N
 - c. Chronic bronchitis Y / N
 - d. Emphysema Y / N
 - e. Pneumonia Y / N
 - f. Tuberculosis Y / N
 - g. Silicosis Y / N
 - h. Pneumothorax Y / N
 - i. Lung cancer Y / N
 - j. Broken ribs Y / N
 - k. Any chest injuries or surgeries Y / N
 - l. Any other lung problem that you've been told about Y / N
4. Do you currently have any of the following symptoms of pulmonary or lung illness.
 - a. Shortness of breathe Y / N
 - b. Shortness of breathe when walking fast on level ground or walking up a slight incline Y/N
 - c. Shortness of breathe when walking with other people at an ordinary pace on level ground Y/N
 - d. Have to stop for breathe when walking at your own pace on level ground Y / N
 - e. Shortness of breathe when washing or dressing yourself Y / N
 - f. Shortness of breathe that interferes with your job Y / N
 - g. Coughing that produces phlegm Y / N
 - h. Coughing that wakes you early in the morning Y / N
 - i. Coughing that occurs mostly when you are lying down Y / N
 - j. Coughing up blood in the last month Y / N
 - k. Wheezing Y / N

5. Have you ever had any of the following cardiovascular or heart problems Y / N

- a. Heart attack Y / N
- b. Stroke Y / N
- c. Angina Y / N
- d. Heart failure Y / N
- e. Swelling in your legs or feet Y / N

6. Have you ever had any of the following cardiovascular or heart symptoms

- a. Frequent pain or tightness in your chest Y / N
- b. Pain or tightness in your chest that interferes with your job Y / N
- c. Pain or tightness in your chest during physical activity Y / N
- d. In the past two years, have you noticed your heart skipping Y / N

7. Do you currently take medication for any of the following problems.

- a. Breathing or lung problems Y / N

b. Heart trouble Y / N

c. Blood pressure Y / N

d. Seizures Y / N

8. If you've used a respirator, have you ever had any of the following problems?

a. Eye irritation Y / N

b. Skin allergies or rashes Y / N

c. Anxiety Y / N

d. General weakness Y / N

e. Any other problem that interferes with your use of a respirator Y / N

9. Would you like to talk to the health care professional who will review this questionnaire. Y/N

10. Have you ever lost vision in either eye Y / N

11. Do you currently have any of the following vision problems?

a. Wear contact lenses. Y / N

b. Wear glasses Y / N

c. Color blind Y / N

d. Any other eye or vision problem Y / N

12. Have you ever had an injury to your ears Y / N

13. Do you currently have any of the following hearing problems

a. Difficulty hearing Y / N

b. Wear a hearing aid Y / N

c. Any other hearing or ear problem Y / N

14. Have you ever had a back problem Y / N

15. Do you currently have any of the following musculoskeletal problems.

a. Weakness in any of your arms, hands, legs, or feet Y / N

b. Back pain Y / N

c. Difficulty fully moving you arms or legs Y / N

d. Pain or stiffness when you lean forward or backward at the waist Y / N

e. Difficulty moving you head up or down Y / N

f. Difficulty moving your head side to side Y / N

g. Difficulty bending at the knees Y / N

h. Difficulty squatting to the ground Y / N

i. Climbing a flight of stairs or a ladder carrying more than 25lbs Y / N

j. Any other muscle or skeletal problem that interferes with using a respirator Y/N