



Medical Evaluation Questionnaire

EquipNet Inc. dba OccuMed Occupational Healthworks ("OccuMed")
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Per OSHA guidelines, employees must pass a preliminary "Medical Evaluation Questionnaire" (MEQ) in order to be fit tested. Upon completion, this MEQ must be certificated by a physician or other licensed health care professional (PLHCP) in compliance with HIPAA's Privacy Rule and OSHA's 29 CFR 1910.134.

Please fill out the following questionnaire to determine if you are able to wear a respirator as part of your routine job function.

Can you read and understand English?

- YES NO

Can you read and understand this questionnaire?

- YES NO

I attest that this form has been completed by the person named below and that I have answered all of the questions truthfully and accurately to the best of my knowledge:

- YES NO

I hereby release the form and content of my respirator "Medical Evaluation Questionnaire" (MEQ) to OccuMed and/or its representatives. This information may be reported to the physician or other licensed health care professional (PLHCP) as designated by OccuMed by e-mail, phone, fax or other method. I understand that the sole purpose of collecting and reviewing this form is to ensure that all persons are able to wear an appropriate respiratory protection device during the course of my normal employment activities or for the purposes of a drill or an actual emergency. I further understand that these evaluations are not meant, with regard to the candidate, to infer, construe or otherwise suggest any specific diagnosis nor is it an attempt to diagnose, cure or treat in any manner or by any means, methods, devices or instrumentalities, any disease, illness, pain, wound, fracture, infirmity, deformity, defect or abnormal physical or mental condition of any person. In the event that I do not pass this evaluation, I understand that it is up to me and/or my employer to contact an appropriate physician or other licensed health care professional to resolve this matter through further evaluation. I also understand that I will not be issued a Respiratory Fit Card until such time as I receive a medical clearance from either the OccuMed PLHCP, my personal physician or my employer.

Do you agree with the terms and conditions stated above?

- YES NO



Section 1: Personal Information

Candidate Full Name: _____

Date of Birth: ____ / ____ / ____ **Sex:** Female Male

Height: ____ Feet ____ Inches **Weight:** _____ lbs.

Job Title: _____

SSN (last four digits): _____ (OccuMed uses the last four digits of your Social Security Number, along with your other identifying information, to identify you and distinguish you from others)

Phone Number: (____) _____ - _____

Email Address: _____

Section 2: Work Environment

1. What will be your work duration?

- 4 – 8 hours 8 – 12 hours

2. How often will you work at the above duration?

- Daily 2 – 3 times per week Other

3. What expected additional protective clothing would you be required to wear?

- Level A:** Fully encapsulated suit, positive pressure SCBA.
 Level B: Flash suit, chemical protective clothing, positive pressure SAR or SCBA.
 Level C: Chemical protective clothing, air purifying respirator.
 Level D: Standard uniform, coveralls, safety glasses, hard hat, steel-toe boots, scrubs, gloves.



4. What is your expected physical effort?

- Light Work:** Includes sitting while writing, typing, drafting, light assembly work, controlling machines.
- Moderate Work:** Includes driving, standing while drilling, nailing, performing assembly work or transferring a moderate load (about 35 lbs.) at trunk level, walking on a surface about 2 mph or down a 5-degree grade about 3 mph, or pushing a wheel barrow with a heavy load (about 100 lbs.) on a level surface.
- Heavy Work:** Includes lifting about 50 lbs., climbing stairs, walking up an 8-degree grade.

5. Describe the expected temperature and humidity extreme(s) in the space below:

6. Identify the types of respirators you will use (you may select more than one option)

Half-Facepiece

- Air Purifying
- Powered-Air Purifying
- Supplied Air

Full-Facepiece

- Air Purifying
- Powered-Air Purifying
- Supplied Air

Other

- Self-Contained Breathing Apparatus
- N, R, or P disposable respirator (filter-mask, non-cartridge type only, such as N95)

7. Identify the types of respirators you will use (you may select more than one option)

- Escape only (no rescue)
- Emergency rescue only
- Less than 5 hours per week
- Less than 2 hours per day
- 2 – 4 hours per day
- Over 4 hours per day

Section 3: Health-Related Questions

1. Do you currently smoke tobacco, or have smoked tobacco in the last month?..... YES NO



2. Have you ever had any of the following conditions?

- Seizures?..... YES NO
- Diabetes (Sugar Disease)?..... YES NO
- Allergic reactions that interfere with your breathing?..... YES NO
- Claustrophobia (fear of closed places)?..... YES NO
- Trouble smelling odors or perceiving tastes?..... YES NO

3. Have you ever had any of the following pulmonary or lung problems?

- Asbestosis (Lung Disease)?..... YES NO
- Asthma?..... YES NO
- Chronic Bronchitis?..... YES NO
- Emphysema?..... YES NO
- Tuberculosis?..... YES NO
- Silicosis (Lung Disease)?..... YES NO
- Pneumothorax (collapsed lung)?..... YES NO
- Lung Cancer?..... YES NO
- Broken Ribs?..... YES NO
- Any chest injuries or chest surgeries?..... YES NO
- Any other lung problems that you have been told about?..... YES NO

4. Have you ever had any of the following pulmonary or lung symptoms?

- Shortness of breath?..... YES NO
- Shortness of breath walking normally with others on level ground?..... YES NO
- Stopping for breath when walking at your own pace on level ground?..... YES NO
- Shortness of breath when washing or dressing yourself?..... YES NO
- Shortness of breath that interferes with your job?..... YES NO
- Coughing that produces phlegm (thick sputum)?..... YES NO
- Coughing that wakes you early in the morning?..... YES NO
- Coughing that occurs mostly while laying down?..... YES NO
- Coughing up blood in the last month?..... YES NO
- Wheezing?..... YES NO
- Wheezing which interferes with your job?..... YES NO
- Chest pain when you breathe deeply?..... YES NO
- Any other symptoms that you think may be related to lung problems?..... YES NO



5. Have you ever had any of the following cardiovascular or heart problems?

- Heart Attack?..... YES NO
- Stroke?..... YES NO
- Angina?..... YES NO
- Heart Failure?..... YES NO
- Swelling in your legs and feet (not caused by walking)?..... YES NO
- Heart Arrhythmia?..... YES NO
- High Blood Pressure?..... YES NO
- Any other heart problems you have been told about?..... YES NO

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

- Frequent pain or tightness in chest?..... YES NO
- Pain or tightness in your chest during physical activity?..... YES NO
- Pain or tightness in your chest that interferes with your job?..... YES NO
- Missing or skipping a heartbeat within the last 2 years?..... YES NO
- Heartburn or indigestion not related to eating?..... YES NO
- Any other symptoms you think may be related to heart problems?..... YES NO

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

- Breathing or lung problems?..... YES NO
- Heart trouble?..... YES NO
- Blood pressure?..... YES NO
- Seizures?..... YES NO
- Diabetes?..... YES NO

8. Have you used a respirator before?..... YES NO

If yes, have you ever had any of the following problems while wearing a respirator?

- Eye irritation?..... YES NO
- Skin allergies or rashes?..... YES NO
- Anxiety?..... YES NO
- General weakness or fatigue?..... YES NO
- Any other problem that interferes with your use of the respirator?..... YES NO

9. Have you ever tested positive for Covid-19?..... YES NO

10. Would you like to talk to the PLHCP who will review this questionnaire?..... YES NO