Confidential – Volunteer should complete pages 1-4 and submit to medical provider. Private providers should make a photocopy of ONLY page 5 for the Volunteer to bring to the fit test. Provider serving as designated MCHV Medical Reviewer should submit photocopy of page 5 *–and–* sealed envelope containing original document (pages 1-4) to MCHV Coordinator.

Medical Evaluation Questionnaire

Why do MCHV members need to fill out this form?

In order to be fit tested and wear a respirator in a public health emergency, you must have a medical evaluation. The evaluation determines if your body can handle the stress of respirator use. It can be done using a questionnaire or an exam, and must be confidential and convenient. You can choose to have the evaluation done by a private medical provider or by a provider designated as the MCHV medical reviewer. Both you and the fit tester must receive a written recommendation from the evaluation (page 4).

Section 1. Can you read English (circle one): Yes/No

1. Your name:_____

2. Today's date:_____

3. Your age:_____ 4. Sex (circle one): Male/Female

5. Your height: _____ ft. _____ in. 6. Your weight: _____ lbs.

7. Your job title:_____

8. Phone number where you can be reached by the medical provider who reviews this form (include the Area Code): _____

9. The best time to phone you at this number: _____

10. Have you been told how to contact the provider who will review this form: Yes/No

11. Check the type(s) of respirator you will use:
    a. _____ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
    b. _____ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

12. Have you worn a respirator (circle one): Yes/No
If "yes," what type(s):_____

Section 2.

1. Do you ***currently*** smoke tobacco, or have you smoked tobacco in the last month: Yes/No

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

   a. Seizures (fits): Yes/No
   b. Diabetes (sugar disease): Yes/No
   c. Allergic reactions that interfere with your breathing: Yes/No
   d. Claustrophobia (fear of closed-in places): Yes/No
   e. Trouble smelling odors: Yes/No

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

   a. Asbestosis: Yes/No
   b. Asthma: Yes/No
   c. Chronic bronchitis: Yes/No
   d. Emphysema: Yes/No
   e. Pneumonia: Yes/No
   f. Tuberculosis: Yes/No
   g. ilicosis: Yes/No
   h. Pneumothorax (collapsed lung): Yes/No
   i. Lung cancer: Yes/No
   j. Broken ribs: Yes/No
   k. Any chest injuries or surgeries: Yes/No
   l. Any other lung problem that you've been told about: Yes/No

4. Do you ***currently*** have any of the following symptoms of pulmonary or lung illness?

   a. Shortness of breath: Yes/No
   b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
   c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No

d. Have to stop for breath when walking at your own pace on level ground: Yes/No
e. Shortness of breath when washing or dressing yourself: Yes/No
f. Shortness of breath that interferes with your job: Yes/No
g. Coughing that produces phlegm (thick sputum): Yes/No
h. Coughing that wakes you early in the morning: Yes/No
i. Coughing that occurs mostly when you are lying down: Yes/No
j. Coughing up blood in the last month: Yes/No
k. Wheezing: Yes/No
l. Wheezing that interferes with your job: Yes/No
m. Chest pain when you breathe deeply: Yes/No
n. 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?

a. Heart attack: Yes/No
b. Stroke: Yes/No
c. Angina: Yes/No
d. Heart failure: Yes/No
e. Swelling in your legs or feet (not caused by walking): Yes/No
f. Heart arrhythmia (heart beating irregularly): Yes/No
g. High blood pressure: Yes/No
h. Any other heart problem that you've been told about: Yes/No

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

a. Frequent pain or tightness in your chest: Yes/No
b. Pain or tightness in your chest during physical activity: Yes/No
c. Pain or tightness in your chest that interferes with your job: Yes/No
d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No

e. Heartburn or indigestion that is not related to eating: Yes/No
f. Any other symptoms that you think 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: Yes/No
b. Heart trouble: Yes/No
c. Blood pressure: Yes/No
d. Seizures (fits): Yes/No

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

a. Eye irritation: Yes/No
b. Skin allergies or rashes: Yes/No
c. Anxiety: Yes/No
d. General weakness or fatigue: Yes/No
e. Any other problem that interferes with your use of a respirator: Yes/No

9. Would you like to talk to the medical provider who will review this form about your answers to these questions?: Yes/No

Name of Volunteer:_____

Confidential –Private providers should make a photocopy of ONLY this page for the Volunteer to bring to the fit test. Provider serving as designated MCHV Medical Reviewer should submit photocopy of this page *–and-* sealed envelope containing original document (pages 1-4) to MCHV Coordinator.

Medical Evaluation - Recommendation

Based on review of the OSHA Respirator Medical Evaluation Questionnaire this individual is:

____ **Medically approved to be fit tested** for a respirator, with the exception of Full-Facepiece Respirators or Self Contained Breathing Apparatuses.

____ **Not approved to be fit tested** for a respirator at this time. Follow–up medical evaluation is needed.

Date:_____

Reviewer's Signature:_____

Reviewer's Name (please print):_____

Reviewer's Phone Number:_____

Volunteer: Please present your copy of this completed form to the Fit Tester if you are approved to be fit tested.