Medical Evaluation for N95 Respirator Use

FILL OUT STUDENT INFORMATION SECTION, SIGN BY STUDENT SIGNATURE,

ANSWER QUESTIONS ON REVERSE

Due July 15, 2014

RETURN TO: Student Affairs 1001 BONDURANT HALL CB# 9535 Chapel Hill, NC 27599-9535.

Student Information							
Name:			PID#:				
Age:	Sex	X:	Birthdate:				
Email:			Phone:				
		Details of Respirator	Use				
Filtering Facepiece: Particulates N95 Respirator facepiece type: ½ Level of work effort while wearing respirator: Light Special work considerations: TB Protection Has student received training in use and limitations of respirator? Yes							
STUDENT			P. C.				
<u>SIGNATURE</u>			<u>Date</u>				
MEDICAL DEPARTMENT USE		☐ Approved with Restrictions Professional Signature:	☐ Denied ☐ More Info Needed (specify) Date				
FIT TESTER USE Saccharin Test: Pass Fail Bitrex Test: Pass Fail N95 Fit Test: Pass Fail							
	Mask Brand	l : Size : □ Reg	□ Small □				
	Instructor: _	I	Date:				

Information for Students Using Respirators When Not Required Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard. Sometimes, students may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your school provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard. You should do the following:

- 1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
- 2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
- 3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
- 4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

Particulate Respirator Medical Evaluation

Write in PEN. Please explain "Yes" answers in space below.

		Yes	No			
l .	Have you smoked tobacco in the last month?			5.	Hav	ve you ever h
					a)	Seizures
2.	Do you currently take medication for:				b)	Diabetes
	a) Breathing or lung problems				c)	Allergic read
	b) Heart trouble					breathing
	c) Blood pressure				d)	Claustrophol
	d) Seizures				e)	Trouble sme
3.	Have you ever had these pulmonary problems			6.	Hav	ve you ever h
	or symptoms of illness? Explain if 'yes'.				a)	Currently we
	a) Asbestosis (long term asbestos dust exposure)				b)	Currently we
	b) Asthma				c)	Color blind
	c) Chronic bronchitis				d)	Lost vision i
	d) Emphysema					permanently
	e) Pneumonia				e)	Any other ey
	f) Tuberculosis					
	g) Silicosis			7.	Hav	ve you ever h
	h) Pneumothorax (collapsed lung)				a)	Difficulty he
	i) Lung cancer				b)	Currently we
	j) Broken ribs				c)	Ear injury or
	k) Any other chest injuries or surgeries				d)	Any other he
	Shortness of breath					
	m) Persistent cough			8.	Do	you currently
	n) Wheezing					blems?
	o) Coughing up blood in the last month				a)	Back pain or
	p) Chest pain when you breathe deeply				b)	Pain or stiffr
	q) Any other symptoms that you think may be				c)	Difficulty fu
	related to lung problems	_			d)	Weakness in
	related to fung problems				e)	Arthritis of h
4.	Have you ever had these cardiovascular				f)	Loss of finge
7.	problems or symptoms of illness?				g)	Difficulty be
	a) Heart attack				<u>s)</u> h)	Difficulty fu
	b) Stroke				i)	Difficulty fu
	c) Angina				j)	Climbing sta
	· · · · · · · · · · · · · · · · · · ·				k)	Any other m
					K)	-
	e) Swelling in your legs or feet, not caused by walking	Ц	_			would interfe
	f) Heart arrhythmia (heart beating irregularly)			9.	If y	ou have used
	g) High blood pressure				eve	r had:
	a) Frequent pain or tightness in your chest					I
	b) Pain or tightness in your chest during physical				۵)	Evo irritatio
	activity				a) b)	Eye irritation
	c) Heartburn or indigestion that is not related to				b)	Skin allergie Anxiety
	eating				c)	
	d) Any other symptoms that you think may be				d)	General wea
	related to heart or circulation problems	1			e)	A problem tl

			Yes	No
5.	Ha	ve you ever had:		
	a)	Seizures		
	b)	Diabetes		
	c)	Allergic reactions that interfere with your		
		breathing		
	d)	Claustrophobia (fear of closed-in places)		
	e)	Trouble smelling odors		
6.	Цa	ve you ever had these vision problems?		
υ.	a)	Currently wear contact lenses		
	b)	Currently wear glasses		
	c)	Color blind		
	d)	Lost vision in either eye, temporarily or		
	u)	permanently	_	
	e)	Any other eye or vision problems		
7.		ve you ever had these hearing problems?		<u></u>
	a)	Difficulty hearing		
	b)	Currently wear a hearing aid		
	c)	Ear injury or broken eardrum		
	d)	Any other hearing or ear problem		
8.	Do	you currently have these musculoskeletal		
0.		bblems?		
	a)	Back pain or history of back injury		
	b)	Pain or stiffness when you lean at the waist		
	c)	Difficulty fully moving your arms and legs		
	d)	Weakness in your arms, hands, legs, or feet		
	e)	Arthritis of hands or wrist		
	f)	Loss of fingers or difficulty using hands		
	g)	Difficulty bending at your knees		
	h)	Difficulty fully moving your head up or down		
	i)	Difficulty fully moving your head side to side		
	j)	Climbing stairs carrying a heavy load, >25 lbs		
	k)	Any other muscle or skeletal problem that		
	K)	would interfere with using a respirator		
9.		ou have used a respirator before, have you		
	eve			
	a)	check No and stop here Eye irritation		
	b)	Skin allergies or rashes		
	c)	Anxiety		
	d)	General weakness or fatigue		
	e)	A problem that interfered with your use of a		
	<i>C)</i>	11 problem that interfered with your use of a		_

Would you like to	review this a	nestionnaire	with a health ca	re professional?	$\prod V_{ec}$	\square No
vvouid vou like to	i teview unis u	uestioiiliaire	willi a licalili ca	re brotessionar:	ш 168	

Please use this area to further explain the reason for any questions answered as "Yes".