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.

1. Have you smoked tobacco in the last month? □ Yes □ No

2. Do you currently take medication for:
   a) Breathing or lung problems □ Yes □ No
   b) Heart trouble □ Yes □ No
   c) Blood pressure □ Yes □ No
   d) Seizures □ Yes □ No

3. Have you ever had these pulmonary problems or symptoms of illness? Explain if 'yes'.
   a) Asbestosis (long term asbestos dust exposure) □ Yes □ No
   b) Asthma □ Yes □ No
   c) Chronic bronchitis □ Yes □ No
   d) Emphysema □ Yes □ No
   e) Pneumonia □ Yes □ No
   f) Tuberculosis □ Yes □ No
   g) Silicosis □ Yes □ No
   h) Pneumothorax (collapsed lung) □ Yes □ No
   i) Lung cancer □ Yes □ No
   j) Broken ribs □ Yes □ No
   k) Any other chest injuries or surgeries □ Yes □ No
   l) Shortness of breath □ Yes □ No
   m) Persistent cough □ Yes □ No
   n) Wheezing □ Yes □ No
   o) Coughing up blood in the last month □ Yes □ No
   p) Chest pain when you breathe deeply □ Yes □ No
   q) Any other symptoms that you think may be related to lung problems □ Yes □ No

4. Have you ever had these cardiovascular problems or symptoms of illness?
   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) Pneumothorax (collapsed lung) □ Yes □ No
   i) Chest pain when you breathe deeply □ Yes □ No
   j) Difficulty fully moving your arms and legs □ Yes □ No
   k) Weakness in your arms, hands, legs, or feet □ Yes □ No
   l) Any other symptoms that you think may be related to heart or circulation problems □ Yes □ No

5. Have you ever had:
   a) Seizures □ Yes □ No
   b) Diabetes □ 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

6. Have you ever had these vision problems?
   a) Currently wear contact lenses □ Yes □ No
   b) Currently wear glasses □ Yes □ No
   c) Color blind □ Yes □ No
   d) Lost vision in either eye, temporarily or permanently □ Yes □ No
   e) Any other eye or vision problems □ Yes □ No

7. Have you ever had these hearing problems?
   a) Difficulty hearing □ Yes □ No
   b) Currently wear a hearing aid □ Yes □ No
   c) Ear injury or broken eardrum □ Yes □ No
   d) Any other hearing or ear problem □ Yes □ No

8. Do you currently have these musculoskeletal problems?
   a) Back pain or history of back injury □ Yes □ No
   b) Pain or stiffness when you lean at the waist □ Yes □ No
   c) Difficulty fully moving your arms and legs □ Yes □ No
   d) Weakness in your arms, hands, legs, or feet □ Yes □ No
   e) Arthritis of hands or wrist □ Yes □ No
   f) Loss of fingers or difficulty using hands □ Yes □ No
   g) Difficulty bending at your knees □ Yes □ No
   h) Difficulty fully moving your head up or down □ Yes □ No
   i) Difficulty fully moving your head side to side □ Yes □ No
   j) Climbing stairs carrying a heavy load, >25 lbs □ Yes □ No
   k) Any other muscle or skeletal problem that would interfere with using a respirator □ Yes □ No

9. If you have used a respirator before, have you ever had:
   a) Eye irritation □ Yes □ No
   b) Skin allergies or rashes □ Yes □ No
   c) Anxiety □ Yes □ No
   d) General weakness or fatigue □ Yes □ No
   e) A problem that interfered with your use of a respirator □ Yes □ No

Would you like to review this questionnaire with a health care professional? □ Yes □ No

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