

UK – Annual Respirator Medical Questionnaire

- Note: 1. Use this form only if initial OSHA respirator clearance for has been completed previously and is on file with reviewer.
2. Also, if there has been any significant change in your health or change in your work process – chemicals used, facility, ventilation controls, type of respirator, volume of work, etc. – you need to complete a new initial clearance form instead of this one.

Since your last medical clearance and respirator fit test as UK, have you:

Had any breathing or lung problems/symptoms?

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Taken medication on a regular basis?

If yes, list: \_\_\_\_\_

Had any problems when wearing your respirator or with workplace air quality?

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

How often do you typically wear a respirator?                      Most days                      1-2 days per week  
1-3 days per month                      Less than 1 day per month

How long do you typically wear a respirator when used?                      More than 4 hours  
1-4 hours                      Less than 1 hour

To what chemicals/environments are you exposed while wearing a respirator? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone \_\_\_\_\_  
Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_