QuickTime™ and a decompressor are needed to see this picture.

School of Nursing, Confidential Respiratory Protection Medical Questionairre

Name: _____ ID Number: _____

Student or Faculty (please circle)

Today's Date	Phone No. : ( )	Best time to reach you	DOB
Gender: ☐ Male ☐ Female	Height: _____ft. _____in.	Weight: _____ lbs.	Type of Respirator you will use: ☒ N - 95

1. Has your employer/school told you how to contact the health care professional who will review this questionnaire?
   ☐ YES ☐ NO

2. Have you ever worn a respirator?
   ☐ YES ☐ NO If "yes," what type(s): _____

3. If you've used a respirator, have you ever had any of the following problems? Check all that apply:
   ☐ None ☐ Eye irritation ☐ Skin allergies or rashes ☐ Anxiety
   ☐ General weakness or fatigue
   ☐ Any other problem that interferes with your use of a respirator

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

5. Have you ever had any of the following conditions? Check all that apply:
   ☐ None
   ☐ Seizures (fits)
   ☐ Diabetes (sugar disease)
   ☐ Allergic reactions that interfere with your breathing
   ☐ Trouble smelling odors
   ☐ Claustrophobia (fear of closed-in places)

6. Have you ever had any of the following pulmonary or lung problems? Check all that apply:
   ☐ None
   ☐ Asbestosis ☐ Asthma ☐ Chronic bronchitis
   ☐ Emphysema ☐ Pneumonia ☐ Tuberculosis
   ☐ Silicosis ☐ Pneumothorax (collapsed lung)
   ☐ Lung cancer ☐ Broken ribs ☐ Any chest injuries or surgeries
   ☐ Any other lung problem that you've been told about

Please describe all affirmative answers (questions 3 – 9): _____

_____

_____

_____

_____

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Name: _____ ID Number: _____

7. Do you currently have any of the following symptoms of pulmonary or lung illness?
   Check all that apply:
   ☐ None ☐ Shortness of breath ☐ Chest pain when you breathe deeply
   - ☐ Shortness of breath when walking fast on level ground or walking up a slight hill or incline
   - ☐ Shortness of breath when walking with other people at an ordinary pace on level ground
   - ☐ Have to stop for breath when walking at your own pace on level ground
   - ☐ Shortness of breath when washing or dressing yourself
   - ☐ Shortness of breath that interferes with your job
   - ☐ Coughing that produces phlegm (thick sputum)
   - ☐ Coughing that wakes you early in the morning
   - ☐ Coughing that occurs mostly when you are lying down
   - ☐ Coughing up blood in the last month
   - ☐ Wheezing
   - ☐ Wheezing that interferes with your job
   - ☐ Any other symptoms that you think may be related to lung problems _____

8. Have you ever had any of the following cardiovascular or heart problems? Check all that apply:
   ☐ None ☐ Heart attack ☐ Stroke ☐ Angina ☐ Heart failure
   - ☐ High blood pressure
   - ☐ Swelling in your legs or feet (not caused by walking)
   - ☐ Heart arrhythmia (heart beating irregularly)
   - ☐ Any other heart problem that you've been told about _____

9. Do you currently have any of the following cardiovascular or heart symptoms? Check all that apply:
   ☐ None
   - ☐ Frequent pain or tightness in your chest
   - ☐ Pain or tightness in your chest during physical activity
   - ☐ Pain or tightness in your chest that interferes with your job
   - ☐ In the past two years, have you noticed your heart skipping or missing a beat
   - ☐ Heartburn or indigestion that is not related to eating
   - ☐ Any other symptoms that you think may be related to heart or circulation problems

10. Do you currently take medication for any of the following problems? Check all that apply:
    ☐ Breathing or lung problems ☐ Heart trouble ☐ Nose, throat or sinuses
    Are your problems under control with these medications? ☐ YES ☐ NO

11. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire? ☐ YES ☐ NO

By my signature below, I affirm that the information listed above is true and accurate to the best of my knowledge.

Student or Faculty Signature Today's Date

PLHCP Signature Date

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