

## Appendix C to §1910.134: OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

### To the employer:

Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

### To the employee:

Can you read: ☐ Yes ☐ No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

### Part A. Section 1. (Mandatory)

The following information must be provided by every employee who has been selected to use any type of respirator. (please print)

1. Today's date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
2. Your name: \_\_\_\_\_
3. Your age (to nearest year): \_\_\_\_ 4. Sex: ☐ M ☐ F 5. Your height: \_\_\_\_ ft. \_\_\_\_ in. 6. Your weight: \_\_\_\_ lbs.
7. Your job title: \_\_\_\_\_
8. A phone number where you can be reached by the health care professional who reviews this questionnaire.  
Include Area Code: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Ext. \_\_\_\_
9. The best time to phone you at this number:  
☐ Before ☐ After ☐ Between \_\_\_\_; \_\_\_\_ ☐ a.m. ☐ p.m. - \_\_\_\_; \_\_\_\_ ☐ a.m. ☐ p.m.
10. Has your employer told you how to contact the health care professional who will review this questionnaire? ☐ Yes ☐ No
11. Check the type of respirator you will use (you can check more than one category):  
a. ☐ N ☐ R ☐ 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? ☐ Yes ☐ No If "yes," what type(s): \_\_\_\_\_