Section 1 – Health Questionnaire

To be completed by employee

Name (Please print) _________________________
Employee ID# _____________________________

1. Do you smoke tobacco? If yes, how many packs per day? _____ Number of years _____

2. Have you ever had any of the following conditions? (indicate yes or no for each)
   - Seizures (fits)
   - Diabetes (sugar disease)
   - Allergic reactions that interfere with your breathing
   - Claustrophobia (fear of closed-in places)
   - Trouble smelling odors

3. Have you ever had any of the following pulmonary or lung problems?
   - Asbestosis
   - Chronic bronchitis more than 3 episodes in the last year
   - Emphysema
   - Lung cancer
   - Silicosis
   - Chest injuries or surgeries
   - Asthma as an adult
   - Pneumonia in the last month
   - Tuberculosis (active disease)
   - Any other lung problem that you've been told about:

4. Do you currently have any of these symptoms of pulmonary or lung illness?
   - Shortness of breath
   - Shortness of breath with light activity
   - Shortness of breath with strenuous activity
   - Cough that produces thick sputum or blood
   - Cough lasting longer than 3 weeks
   - Wheezing
   - Wheezing that interferes with work
   - Any other symptoms that may be related to lung problems:

5. Have you ever had any of the following cardiovascular or heart problems?
   - Heart Attack
   - Stroke
   - Angina (chest pain)
   - Heart failure
   - Irregular heart beat
   - Swelling in your legs or feet (not caused by walking)
   - High blood pressure
   - Any other heart problems:

6. Have you ever had any of the following cardiovascular or heart symptoms?
   - Frequent pain or tightness in your chest
   - 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 may be related to heart or circulation problems

7. Do you currently take medication for any of the following problems?
   - Breathing or lung problems
   - Heart trouble
   - Blood pressure
   - Seizures (fits)

8. If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, skip question 8 and go to question 9)
   - Eye irritation
   - Skin allergies or rashes
   - Anxiety
   - General weakness or fatigue
   - Any other problem that interferes with your use of a respirator

9. Would you like to talk to the health care professional who will review this survey?

10. I have been given the Respiratory Fit Testing & Training form

   Employee Signature ____________________________

   Date: ________________________________________

   Comments:

   ____________________________

   EH/WorkMed Initials ________________