

N-95 RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

DATE _____ LAST NAME _____ FIRST NAME _____

AGE _____ WT _____ HT _____ TULANE SPLASH ID # _____

DEPARTMENT _____ DAYTIME PHONE _____

Please check correct answer.

YES NO

1. Do you currently smoke tobacco or have you smoked tobacco in the past month:

2. Have you ever had any of the following conditions?

YES NO

- a. Seizures:
- b. Diabetes:
- c. Allergic reactions that interfere with your breathing:
- d. Claustrophobia:
- e. Trouble smelling odors:

3. Have you ever had any pulmonary or lung problems?

YES NO

If yes, please describe: _____

4. Do you currently have any of the following pulmonary symptoms?

YES NO

- a. Shortness of breath:
- b. Coughing:
- c. Wheezing:
- d. Chest pain:

If yes, please describe: _____

5. Have you ever had any cardiovascular or heart problems?

YES NO

If yes, please describe: _____

6. Have you ever had any of the following cardiovascular or heart symptoms?

YES NO

- a. Frequent pain or tightness in your chest:
- b. Pain or tightness in your chest during physical activity:
- c. Pain or tightness in your chest that interferes with your job:
- d. In the past 2 years, have you noticed your heart skipping or missing a beat?
- e. Heartburn or indigestion that is not related to eating:
- f. Any other symptoms possibly related to heart or circulation problems:

If yes, please describe: _____

N-95 RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

LAST NAME _____ FIRST NAME _____

7. Do you currently take medication for any of the following problems? YES NO
- a. Breathing or lung problems:
 - b. Heart trouble:
 - c. Blood pressure:
 - d. Seizures:
8. Have you ever worn a respirator? YES NO
- If yes what type? _____
9. If you have used a respirator, have you ever had any of the following problems? YES NO NA
- a. Eye irritation:
 - b. Skin allergies:
 - c. Anxiety:
 - d. General weakness or fatigue:
 - e. Any other problem that interferes with your use of a respirator

=====

FOR PLHCP (Physician/Nurse) USE ONLY

Type of respirator: N-95

YES NO

Approved to wear respirator:

YES NO

Requires further evaluation:

Restrictions/Limitations: _____

Date: _____

(PLHCP signature)