

State of Connecticut
Department of Emergency Services and Public Protection

Connecticut Fire Academy Recruit Firefighter Program



OSHA Respirator Medical Evaluation Questionnaire

Revision 07/20/2015

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To enter the Recruit Firefighter Program as trainee or student medical eligibility is determined by the sponsoring Fire Departments Pre-Employment Medical Examination or annual Medical Evaluation or the Recruit Firefighter applicant's PMD. When the Recruit Firefighter applicant has had neither a Pre-Employment Medical Examination nor annual Medical Evaluation at time of application then the applicant is required to have an NFPA 1582 compliant Medical Examination performed by the applicants PMD, the sponsoring Fire Department Physician or an Occupational Physician familiar with firefighting duties.

The OSHA Medical Questionnaire is intended to meet the requirements of 1910.134 and provide the physician information to perform the evaluation. The Recruit Firefighter should review, answer and provide the questionnaire at the time of his/her evaluation.

Occupational Safety & Health Administration 1910.134, Respiratory Protection Program Medical Evaluation Guidelines

- A. *Medical Evaluation.* Recruit Firefighters assigned to tasks that require the use of a respirator must be physically able to perform the work while using a respirator. Accordingly, Recruit Firefighters must be able to tolerate the physical and psychological stress imposed by respirator use, as well as the physical stress originating from job and workplace conditions.
1. *Purpose.* The purpose of a medical evaluation is to determine if Recruit Firefighters can tolerate the physiological burden associated with respirator use, including: the burden imposed by the respirator itself (e.g., its weight and breathing resistance during both normal operation and under conditions of filter, canister, or cartridge overload); musculoskeletal and cardiopulmonary stress (e.g., when the respirator to be worn is an SCBA); limitations on hearing, sight, or smell; and isolation from the workplace environment. Since certain jobs and workplace conditions in which a respirator is used can also impose a physiological burden on the user, the medical evaluation must also consider the following factors: type and weight of the respirator to be worn; duration and frequency of respirator use; expected physical work effort; use of protective clothing and equipment to be worn; and temperature and humidity extremes that may be encountered.
 2. *Respirator Wear Evaluation.* Recruit Firefighters must be medically evaluated and found eligible to wear the respirator selected for their use prior to fit testing and first-time use of the respirator in the workplace.
 3. *Medical Eligibility Determination.* Medical eligibility is to be determined by adhering to the OSHA respiratory protection programs of their sponsoring Fire Departments. If the Recruit Firefighter's sponsoring fire department program does not include medical evaluation, then Recruit Firefighter will be required to obtain eligibility through a Pre-Recruit Medical Examination:
 - Recruit Firefighters sponsoring Fire Department's Pre-employment Medical Examination
 - Recruit Firefighters sponsoring Fire Department's Annual Medical Evaluation
 - Pre-Recruit Firefighter Medical Examination

These programs are medical evaluations that certify ability to use a respirator. The medical examination should be conducted by a physician experienced in occupational medicine.



The medical examinations are required for Recruit Firefighters so that the Connecticut Fire Academy can determine if they are physically and medically capable of performing the essential duties of their position efficiently and without a hazard to themselves or others. Failure to meet the required physical and medical qualifications will be considered disqualifying.

The medical evaluation is designed to identify medical conditions that place Recruit Firefighters who use respirators at risk of serious medical consequences. Medical conditions known to compromise an employee's ability to tolerate respirator-, job-, and workplace-related physiological stress include: cardiovascular and respiratory diseases (e.g., a history of high blood pressure, angina, heart attack, cardiac arrhythmias, stroke, asthma, chronic bronchitis, emphysema); reduced pulmonary function caused by other factors (e.g., smoking or prior exposure to respiratory hazards); neurological or musculoskeletal disorders (e.g., ringing in the ears, epilepsy, lower back pain); impaired sensory function (e.g., perforated ear drums, reduced or absent ability to smell); and psychological disorders (e.g., claustrophobia and severe anxiety).

4. *Reevaluation of Recruit Firefighters Ability to Use a Respirator.* In addition to the annual medical evaluation there are a number of circumstances that may require reevaluating a Recruit Firefighters ability to use a respirator. Medical reevaluations will be provided under the following conditions: when the Recruit Firefighter reports medical signs or symptoms that are relevant to the Recruit Firefighter's ability to use a respirator; when the Connecticut Fire Academy informs the sponsoring Fire Department that a Recruit Firefighter needs to be reevaluated; when information from the respirator program, including observations made during fit testing or program evaluation, indicates a need for Recruit Firefighter reevaluation; or when a change in workplace conditions occurs (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on a Recruit Firefighter.
5. *Reporting Results of Examinations.* The examining physician must complete the information on the Connecticut Fire Academy's Recruit Firefighter Program's Application and verify and confirm from the medical and physical examination that the recruit does not have the presence of any medical or physical conditions which would prevent the individual from performing the essential firefighter job tasks without posing significant risk, and determined that the recruit is medically and physically able to perform the duties of the position including, but not limited to, the use of a respirator. Reevaluations will be documented using the Recruit Firefighter Program's Return to Duty form.



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 (circle one): Male/Female 5. Your height: _____ ft. _____ in.
6. Your weight: _____ lbs. 7. Your job title: **Recruit Firefighter**
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): (____) _____ - _____
9. The best time to phone you at this number: _____
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): **Yes/No**
11. Check the type of respirator you will use (you can check more than one category):
 - a. _____ N, R, or 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 (circle one): **Yes/No**
 If "yes," what type(s): _____



Part A. Section 2. (Mandatory)

Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Do you *currently* smoke tobacco, or have you smoked tobacco in the last month: **Yes/No**

2. Have you *ever had* any of the following conditions?
 - a. Seizures: **Yes/No**
 - b. Diabetes (sugar disease): **Yes/No**
 - c. Allergic reactions that interfere with your breathing: **Yes/No**
 - d. Claustrophobia (fear of closed-in places): **Yes/No**
 - e. Trouble smelling odors: **Yes/No**

3. Have you *ever had* any of the following pulmonary or lung problems?
 - a. Asbestosis: **Yes/No**
 - b. Asthma: **Yes/No**
 - c. Chronic bronchitis: **Yes/No**
 - d. Emphysema: **Yes/No**
 - e. Pneumonia: **Yes/No**
 - f. Tuberculosis: **Yes/No**
 - g. Silicosis: **Yes/No**
 - h. Pneumothorax (collapsed lung): **Yes/No**
 - i. Lung cancer: **Yes/No**
 - j. Broken ribs: **Yes/No**
 - k. Any chest injuries or surgeries: **Yes/No**
 - l. Any other lung problem that you've been told about: **Yes/No**

4. Do you *currently* have any of the following symptoms of pulmonary or lung illness?
 - a. Shortness of breath: **Yes/No**
 - b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: **Yes/No**
 - c. Shortness of breath when walking with other people at an ordinary pace on level ground: **Yes/No**
 - d. Have to stop for breath when walking at your own pace on level ground: **Yes/No**
 - e. Shortness of breath when washing or dressing yourself: **Yes/No**
 - f. Shortness of breath that interferes with your job: **Yes/No**
 - g. Coughing that produces phlegm (thick sputum): **Yes/No**
 - h. Coughing that wakes you early in the morning: **Yes/No**
 - i. Coughing that occurs mostly when you are lying down: **Yes/No**
 - j. Coughing up blood in the last month: **Yes/No**
 - k. Wheezing: **Yes/No**
 - l. Wheezing that interferes with your job: **Yes/No**
 - m. Chest pain when you breathe deeply: **Yes/No**
 - n. Any other symptoms that you think may be related to lung problems: **Yes/No**



5. Have you *ever had* any of the following cardiovascular or heart problems?
- a. Heart attack: **Yes/No**
 - b. Stroke: **Yes/No**
 - c. Angina: **Yes/No**
 - d. Heart failure: **Yes/No**
 - e. Swelling in your legs or feet (not caused by walking): **Yes/No**
 - f. Heart arrhythmia (heart beating irregularly): **Yes/No**
 - g. High blood pressure: **Yes/No**
 - h. Any other heart problem that you've been told about: **Yes/No**
6. Have you *ever had* any of the following cardiovascular or heart symptoms?
- a. Frequent pain or tightness in your chest: **Yes/No**
 - b. Pain or tightness in your chest during physical activity: **Yes/No**
 - c. Pain or tightness in your chest that interferes with your job: **Yes/No**
 - d. In the past two years, have you noticed your heart skipping or missing a beat: **Yes/No**
 - e. Heartburn or indigestion that is not related to eating: **Yes/No**
 - d. Any other symptoms that you think may be related to heart or circulation problems: **Yes/No**
7. Do you *currently* take medication for any of the following problems?
- a. Breathing or lung problems: **Yes/No**
 - b. Heart trouble: **Yes/No**
 - c. Blood pressure: **Yes/No**
 - d. Seizures: **Yes/No**
8. If you've used a respirator, have you *ever had* any of the following problems? (If you've never used a respirator, check the following space and go to question 9:)
- a. Eye irritation: **Yes/No**
 - b. Skin allergies or rashes: **Yes/No**
 - c. Anxiety: **Yes/No**
 - d. General weakness or fatigue: **Yes/No**
 - e. Any other problem that interferes with your use of a respirator: **Yes/No**
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: **Yes/No**



Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you *ever lost* vision in either eye (temporarily or permanently): **Yes/No**
11. Do you *currently* have any of the following vision problems?
 - a. Wear contact lenses: **Yes/No**
 - b. Wear glasses: **Yes/No**
 - c. Color blind: **Yes/No**
 - d. Any other eye or vision problem: **Yes/No**
12. Have you *ever had* an injury to your ears, including a broken ear drum: **Yes/No**
13. Do you *currently* have any of the following hearing problems?
 - a. Difficulty hearing: **Yes/No**
 - b. Wear a hearing aid: **Yes/No**
 - c. Any other hearing or ear problem: **Yes/No**
14. Have you *ever had* a back injury: **Yes/No**
15. Do you *currently* have any of the following musculoskeletal problems?
 - a. Weakness in any of your arms, hands, legs, or feet: **Yes/No**
 - b. Back pain: **Yes/No**
 - c. Difficulty fully moving your arms and legs: **Yes/No**
 - d. Pain or stiffness when you lean forward or backward at the waist: **Yes/No**
 - e. Difficulty fully moving your head up or down: **Yes/No**
 - f. Difficulty fully moving your head side to side: **Yes/No**
 - g. Difficulty bending at your knees: **Yes/No**
 - h. Difficulty squatting to the ground: **Yes/No**
 - i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: **Yes/No**
 - j. Any other muscle or skeletal problem that interferes with using a respirator: **Yes/No**



Part B: Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: **Yes/No**

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: **Yes/No**

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: **Yes/No**

If "yes," name the chemicals if you know them: _____

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

- a. Asbestos: **Yes/No**
- b. Silica (e.g., in sandblasting): **Yes/No**
- c. Tungsten/cobalt (e.g., grinding or welding this material): **Yes/No**
- d. Beryllium: **Yes/No**
- e. Aluminum: **Yes/No**
- f. Coal (for example, mining): **Yes/No**
- g. Iron: **Yes/No**
- h. Tin: **Yes/No**
- i. Dusty environments: **Yes/No**
- j. Any other hazardous exposures: **Yes/No**

If "yes," describe these exposures: _____

4. List any second jobs or side businesses you have: _____

5. List your previous occupations: _____

6. List your current and previous hobbies: _____

7. Have you been in the military services? **Yes/No**
 If "yes," were you exposed to biological or chemical agents (either in training or combat): **Yes/No**

8. Have you ever worked on a HAZMAT team? **Yes/No**

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): **Yes/No**

If "yes," name the medications if you know them: _____



10. Will you be using any of the following items with your respirator(s)?

- a. HEPA Filters: **Yes/No**
- b. Canisters (for example, gas masks): **Yes/No**
- c. Cartridges: **Yes/No**

11. How often are you expected to use the respirator(s)
 (circle "yes" or "no" for all answers that apply to you)?:

- | | | | |
|--|---------------|---------------------------------------|---------------|
| a. Escape only (no rescue): | Yes/No | d. Less than 2 hours <i>per day</i> : | Yes/No |
| b. Emergency rescue only: | Yes/No | e. 2 to 4 hours per day: | Yes/No |
| c. Less than 5 hours <i>per week</i> : | Yes/No | f. Over 4 hours per day: | Yes/No |

The CFA Recruit Firefighter will be wearing a respirator up to 6 hours per day, using the respirator up to 5 times per day not to exceed more than 30 minutes per use.

12. During the period you are using the respirator(s), is your work effort:

- a. *Light* (less than 200 kcal per hour): **Yes/No**

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of a light work effort are *sitting* while writing, typing, drafting, or performing light assembly work; or *standing* while operating a drill press (1-3 lbs.) or controlling machines.

- b. *Moderate* (200 to 350 kcal per hour): **Yes/No**

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of moderate work effort are *sitting* while nailing or filing; *driving* a truck or bus in urban traffic; *standing* while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; *walking* on a level surface about 2 mph or down a 5-degree grade about 3 mph; or *pushing* a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

- c. *Heavy* (above 350 kcal per hour): **Yes/No**

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of heavy work are *lifting* a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; *shoveling*; *standing* while bricklaying or chipping castings; *walking* up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

The CFA Recruit Firefighter typically exceeds a 350 kcal per hour work effort.

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: **Yes/No**

The CFA Recruit Firefighter is required to wear Structural Firefighting Protective Clothing compliant to NFPA 1971.

If "yes," describe this protective clothing and/or equipment: _____



14. Will you be working under hot conditions (temperature exceeding 77 deg. F): **Yes/No**

The CFA Recruit Firefighter will working in temperatures that will exceed 77 deg. F

15. Will you be working under humid conditions: **Yes/No**

The CFA Recruit Firefighter will be conducting training scenarios in all safe weather conditions including high humidity, cold, rain and snow.

16. Describe the work you'll be doing while you're using your respirator(s):

The CFA Recruit Firefighter will be conducting training scenarios that develop the psycho-motor practical skills needed as firefighter.

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

The CFA Recruit Firefighter will be conducting training scenarios that involve confined spaces, IDLH environments and Physical Fitness Training.

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the first toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the second toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the third toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

The name of any other toxic substances that you'll be exposed to while using your respirator:

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

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