

Medical Clearance Questionnaire for Donning N95 Masks
(Taken from Appendix B of Cal/OSHA's Aerosol Transmissible Diseases Standard – Section 5199)

To the Healthcare Provider: Answers to questions in Section 1, and to question 6 in Section 2 do not require a medical examination. Employees must be provided with a confidential means of contacting the health care professional who will review this questionnaire.

To the employee: Can you read and understand this questionnaire (circle one): 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.

Section 1. The following information must be provided by every employee who has been selected to use any type of respirator (please print).

Name: _____ **Date:** _____

Job Title: _____

Age (to nearest year): _____ **Gender:** _____

Height: _____ ft. _____ in. **Weight:** _____ lbs.

Phone number where you can be reached (include the Area Code): _____

The best time to phone you at this number: _____

Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes No

Check the type of respirator you will use (you can check more than one category):

- N95
- Other type: _____

Have you worn a respirator (circle one): Yes No

If "yes," what type(s): _____

Section 2. Questions 1 through 6 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

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

- Allergic reactions that interfere with your breathing:
Yes No
What did you react to? _____
- Claustrophobia (fear of closed-in places)
Yes No

2. Do you currently have any of the following symptoms of pulmonary or lung illness?

- Shortness of breath when walking fast on level ground or walking up a slight hill or incline:
Yes No
- Coughing that produces phlegm (thick sputum):
Yes No
- Coughing up blood in the last month:
Yes No

- Have to stop for breath when walking at your own pace on level ground:
Yes No
- Wheezing that interferes with your job:
Yes No
- Chest pain when you breathe deeply:
Yes No
- Shortness of breath that interferes with your job:
Yes No
- Any other symptoms that you think may be related to lung problems:
Yes No

3. Do you currently have any of the following cardiovascular or heart symptoms?

- Frequent pain or tightness in your chest:
Yes No
- Pain or tightness in your chest during physical activity:
Yes No
- Pain or tightness in your chest that interferes with your job:
Yes No
- Any other symptoms that you think may be related to heart or circulation problems:
Yes No

4. Do you currently take medication for any of the following problems?

- Breathing or lung problems:
Yes No
- Heart trouble:
Yes No
- Nose, throat or sinuses:
Yes No
- Are your problems under control with these medications:
Yes No

5. If you've used a respirator, have you ever had any of the following problems while respirator is being used?

(If you've never used a respirator, check the following space and go to question 6:) _____

- Skin allergies or rashes:
Yes No
- Anxiety:
Yes No
- General weakness or fatigue:
Yes No
- Any other problem that interferes with your use of a respirator:
Yes No

6. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes No

Employee Signature

Date

PLHCP Signature

Date