

Appendix A: Medical Questionnaire & Cover Sheet

EMPLOYEE -- Respirator Medical Evaluation Questionnaire *Adapted from Appendix C to Sec. 1910.134: OSHA*

In order to meet the requirements in the Dartmouth College Respiratory Protection Program, you must complete the following questionnaire annually, after which it will be reviewed by a licensed clinical provider at Dick's House (646-9400) and then put into your Medical Record. Thank you.

INSTRUCTIONS: Complete Section A below as well as the attached medical questionnaire.

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### Section A

Employee Name: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Dept: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Job description while wearing respirator, to include estimated frequency and duration, expected airborne hazards: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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A licensed healthcare provider at Dick's House will review the completed medical questionnaire. If you have questions or wish to discuss this evaluation with Dick's House, please call (603) 646-9400.

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### **Healthcare Provider Use Only (Return form to EHS prior to fit test)**

\_\_\_ This individual is medically able to wear a respiratory device at this time.

\_\_\_ This individual is NOT medically able to wear a respiratory device at this time.

Health Service Provider signature: \_\_\_\_\_

Date of Review: \_\_\_\_\_