

## Respirator User Health Screening Form

**Instructions:**

**All employees who wear respirators as part of their job duties are required to complete this form. Part 1-3 to be completed by employee, with assistance from the supervisor. To maintain your confidentiality, you only need to check Yes or No if you have any of the conditions listed in Part 4.**

**If you have any questions, please call the Occupational Health Nurse at 496-7853.**

All personal information is collected under the authority of section 33 (c) of the *Freedom of Information and Privacy Act*, for the purpose of managing an employee's health and safety. Certain information will be made available to the tester, if necessary. For further information about the collection, use and disclosure of this information, contact Employee Health Services at 780-496-7853.

**Part 1: Employee and Supervisor Information**

Employee Name		Payroll Number	
Occupation		Today's Date	
Worksite Location		Work Phone Number	
Department		Alternate Phone Number	
Supervisor/Foreman		Supervisor/Foreman Number	

**Part 2: Conditions of Use**

List the airborne hazards you may potentially be exposed to and activities requiring respirator use: (e.g. dust, silica, fumes, chemicals, mouse droppings)

- Frequency of respirator use:  Daily     Weekly     Monthly     Yearly     Uncertain
- Exertion level during use:     Light     Moderate     Heavy     Other
- Duration of respirator use per shift:     < ¼ hr.     > ¼ hr.     > 2 hr.     Variable     Unknown
- Temperature during use:     < 0°C     > 0° and < 25°C     > 25°C     Variable

**Special Work Considerations: (check all that apply)**

- Emergency escape                       Firefighting                                       Immediate Danger to Life and Health (IDLH)
- Hazardous materials                       Oxygen deficiency                                       Confined Spaces
- Other \_\_\_\_\_

**Other Personal Protective Equipment** (e.g. hard hat, safety eyewear, ear muffs, face shield)

- Additional types of personal protective equipment used, specify: \_\_\_\_\_
- Estimated total weight of tools/equipment carried during respirator use: Max. \_\_\_\_\_ Average: \_\_\_\_\_

**Part 3: Types of Respirators Currently Used** (check all that apply):

- SCBA     N95     Half face     Full face     Air-line respirator     Powered air-purifying \_\_\_\_\_

**Part 4: Respirator User's Health Conditions (Completed by employee as per instructions on Page 1)**  
**Check No or Yes box only. Do NOT specify. Note: Medical information is NOT to be offered on this form.**

**A) Some conditions can seriously affect your ability to safely use a respirator. Do you have or do you experience any of the following?**       No       Yes

- Heart problems
- Hypertension
- Pacemaker
- Chest pain on exertion
- Cardiovascular disease
- Shortness of breath
- Breathing difficulties
- Chronic bronchitis
- Emphysema
- Lung disease
- Asthma
- Colour blindness
- Dizziness/nausea
- Diabetes
- Thyroid problems
- Neuromuscular disease
- Temperature susceptibility
- Back/neck problems
- Dentures
- Hearing impairment
- Unusual facial features/ skin conditions
- Reduced sense of taste
- Fainting spells
- Seizures
- Reduced sense of smell
- Panic attacks
- Claustrophobia/ fear of heights
- Allergies
- Prescription medication to control a condition
- Other condition affecting respirator use

**Please ensure you have fully completed this form.**

*I have answered the questions to the best of my ability and knowledge. I also understand that I am required to report any changes in my physical health that might affect my ability to wear a respirator to my supervisor and/or the Occupational Health Nurse.*

I agree to Corporate Safety and Health Services advising my employing department as to whether I meet necessary medical requirements to wear a respirator while at work.

I consent to the release of my medical information to the Disability Management Consultant at the City of Edmonton if fitness to wear a respirator issues are identified. I consent to Corporate Safety and Health Service to discuss my case with the Disability Management Consultant, City of Edmonton.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**If you have had previous difficulty using a respirator or concerns about your future ability to use a respirator, please discuss with your supervisor or fit tester.**

**A "YES" answer to Part 4 indicates further assessment by the Occupational Health Nurse is required prior to respirator use. Please contact the Occupational Health Nurse as soon as possible by email or phone (780-496-7853). Send your form to the Occupational Health Nurse at 11<sup>th</sup> floor, Century Place, 9803-102A Ave or email to [EHSnurses@edmonton.ca](mailto:EHSnurses@edmonton.ca).**

<b>For Occupational Health Nurse use only.</b>	<b>DO NOT write below this line.</b>
Comments:	