



Physicians Health Center
OCCUPATIONAL HEALTH SPECIALISTS

PHYSICIAN'S RESPIRATOR EVALUATION

EMPLOYEE: _____

EMPLOYER: _____

- CLASS: (Circle)
1. _____ No restrictions on
 2. _____ Some specific u
 3. _____ No respirator

RESTRICTIONS: _____

Examining Physician

Date



Physicians Health Center
OCCUPATIONAL HEALTH SPECIALISTS

Respirator Medical Qualification Kalifikasyon medikal pou respiratè yo

Company/Konpayi _____

Employee/Anplwaye _____ Department/Depatman _____

Date of Form/Dat fòmilè a _____ Date of Last Respirator Physical
Dat dènye fwa yo te egzamine respiratè a _____

Note: Answers to questions in Section I, and to question 9 in Section 2 of Part A, do not require a medical examination.
Remak: Repons pou kesyon ki nan Seksyon I yo ak kesyon 9 ki nan Seksyon 2 ki nan Pati A a pa bezwen yon egzamen medikal.

Employee: Can you read? (circle one): **Yes** **No**
Anplwaye: Èske w konn li? (ansèkle youn): **Wi** **Non**

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.

Anplwayè w a dwe pèmèt ou reponn kesyonè sa a pandan lè travay nòmal yo, oswa yon lè ak yon kote ki bon pou w. Pou kenbe enfòmasyon w yo konfidansyèl, anplwayè w a oswa sipèvizè w a pa dwe gade oswa revize repons ou yo, epitou li ta dwe di w ki jan pou w remèt oswa voye kesyonè sa a bay pwofesyonèl sante ki pral revize l la.

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).

Pati A. Seksyon 1. (Obligatwa) Chak anplwaye yo te chwazi pou itilize nenpòt kalite respiratè a dwe ranpli enfòmasyon ki parèt pi ba yo (tanpri ekri repons yo yon fason ki klè).

1. Today's Date Dat jodi a		2. YourName Non w	
3. Your Age Laj ou		4. Sex (circle one) Sèks (ansèkle youn)	Male Female Gason Fi
5. Your Height Wotè w	Feet, Inches Pye, pous	6. Weight Pwa	lbs. liv
7. Job Title Pòs travay ou			
8. Phone# Nim. telefòn ou		9. Best time to call Pi bon lè pou rele w	

<p>10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one) Yes No</p> <p>Èske anplwayè w a te di w ki jan pou w kontakte pwofesyonèl sante a ki pral revize kesyonè sa a (ansèkle youn)? Wi Non</p>	
<p>11. Check the type of respirator you will use (you can check more than one category): Tcheke kalite respiratè ou pral itilize a (ou ka tcheke plizyè kategori):</p>	
<p>A. _____ N, R, or P disposable respirator (filter-mask, non-cartridge type only).</p> <p>A. _____ Respiratè jetab N, R oswa P (respiratè sa yo gen mask ak filt, men yo pa gen katouch).</p>	
<p>B. _____ Other type (for example, half or full-facepiece type, powered-air purifying, supplied-air, contained breathing apparatus).</p> <p>B. _____ Lòt kalite respiratè (pa egzanp, respiratè ki kouvri mwaye oswa tout figi a, sila yo ki pirifye lè a oswa ki bay lè pa anndan, sa yo rele aparèy respiratwa izolan).</p>	
<p>12. Have you worn a respirator (circle one)</p> <p>Yes No</p> <p>Èske w te deja itilize yon respiratè (ansèkle youn)?</p> <p>Wi Non</p>	<p>If "yes", what types?</p> <p>Si "wi", ki kalite respiratè l te ye?</p>
<p>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").</p> <p>Pati A. Seksyon 2. (Obligatwa) Chak anplwaye yo te chwazi pou itilize nenpòt kalite respiratè dwe reponn kesyon 1 rive nan kesyon 9 ki parèt pi ba yo (tanpri ansèkle "wi" oswa "non").</p>	
<p>1. Do you currently smoke tobacco, or have you smoked tobacco in the last month?</p> <p>Èske w konn fimen tabak, oswa èske w te fimen tabak nan mwa ki sot pase a?</p>	<p>Yes No</p> <p>Wi Non</p>
<p>2. Have you ever had any of the following conditions?</p> <p>Èske w te deja genyen youn nan maladi oswa youn nan pwoblèm sa yo?</p>	
<p>a. Seizures (fits) Malkadi (konvilasyon)</p>	<p>Yes No</p> <p>Wi Non</p>
<p>b. Diabetes (sugar disease) Dyabèt (fè sik)</p>	<p>Yes No</p> <p>Wi Non</p>
<p>c. Allergic reaction that interferes with your breathing Yon reyaksyon alèjik ki t ap anpeche w respire nòmal</p>	<p>Yes No</p> <p>Wi Non</p>
<p>d. Claustrophobia (fear of closed-in places) Klòstwofobi (moun ki pè kote ki fèmen yo)</p>	<p>Yes No</p> <p>Wi Non</p>

e. Trouble smelling odors Difikilte pou pran sant yo	Yes No Wi Non
3. Have you ever had any of the following pulmonary or lung problems? Èske w te deja genyen youn nan pwoblèm poumon sa yo?	
a. Asbestosis Asbestoz	Yes No Wi Non
b. Asthma Doulè asmatik	Yes No Wi Non
c. Chronic bronchitis Bwonchit kwonik	Yes No Wi Non
d. Emphysema Anfizèm	Yes No Wi Non
e. Pneumonia Nemoni	Yes No Wi Non
f. Tuberculosis Tibèkiloz	Yes No Wi Non
g. Silicosis Silikoz	Yes No Wi Non
h. Pneumothorax (collapse lung) Nemotoraks (poumon kraze)	Yes No Wi Non
i. Lung Caner Kansè poumon	Yes No Wi Non
j. Broken ribs Kòt kase	Yes No Wi Non
k. Any chest injuries or surgeries Blese oswa operasyon nan pwatrin	Yes No Wi Non
l. 1. Any other lung problems that you've been told about Dekri nenpòt ki lòt pwoblèm poumon yo te di w genyen an	
4. Do you currently have any of the following symptoms of pulmonary of lung illness? Èske kounye a w gen youn nan sentòm sa yo, ki gen rapò ak maladi poumon yo?	
a. Shortness of breath Difikilte pou w respire nòmal	Yes No Wi Non
b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline Difikilte pou w respire nòmal lè w ap mache rapid sou yon sifas ki plat oswa lè w ap monte yon ti mòn oswa yon ranp apye	Yes No Wi Non

c. Shortness of breath when walking with other people at an ordinary pace on level ground Difikilte pou w respire nòmal lè w ap mache ak lòt moun yo nan yon vitès nòmal sou yon sifas ki plat	Yes Wi	No Non
d. Have yo stop for breath when walking at your own pace on level ground bezwen fè yon ti kanpe pou w respire lè w ap mache nòmal sou yon sifas ki plat	Yes Wi	No Non
e. Shortness of breath when washing or dressing yourself Difikilte pou w respire nòmal lè w ap benyen oswa lè w ap mete rad	Yes Wi	No Non
f. Shortness of breath that interferes with your job Difikilte pou w respire nòmal la afekte travay ou	Yes Wi	No Non
g. Coughing that produces phlegm (thick sputum) Touse ak anpil larim (larim ki pwès)	Yes Wi	No Non
h. Coughing that wakes you early in the morning Touse ki reveye w bonè nan maten	Yes Wi	No Non
i. Coughing that occurs mostly when you are lying down Touse ki rive sitou lè w kouche	Yes Wi	No Non
j. Coughing up blood in the last month Ou te touse san nan mwa ki sot pase a	Yes Wi	No Non
k. Wheezing W ap fè yon ti bri siflèt pandan w ap respire	Yes Wi	No Non
l. Wheezing that interferes with your job bri siflèt sa a afekte travay ou	Yes Wi	No Non
m. Chest pain when you breathe deeply gen doulè nan pwatrin ou lè w ap respire afon	Yes Wi	No Non
n. Any other symptoms that you think may be related to lung problems Nenpòt ki lòt sentòm ki, dapre w, ka gen rapò ak yon pwoblèm nan poumon	Yes Wi	No Non
5. Have you ever had any of the following cardiovascular problems? Èske w te deja gen youn nan pwoblèm kè sa yo?		
a. Heart attack Kriz kadyak	Yes Wi	No Non
b. Stroke Stwok	Yes Wi	No Non
c. Angina Anjin	Yes Wi	No Non
d. Heart failure Ensifizans kadyak	Yes Wi	No Non

e. Swelling in your legs or feet (not caused by walking) Pye oswa janm ki anfle yo (pa paske w t ap mache)	Yes Wi	No Non
f. Heart arrhythmia (heart beating irregularly) Aritmi kadyak (kè a bat yon fason iregilye)	Yes Wi	No Non
g. High blood pressure Tansyon ki wo	Yes Wi	No Non
h. Any other heart problem that you've been told about Nenpòt ki lòt pwoblèm kè yo te di w genyen an	Yes Wi	No Non
6. Have you ever had any of the following cardiovascular or heart symptoms? Èske w te deja genyen youn nan sentòm sa yo, ki gen rapò ak kè a?		
a. Frequent pain or lightness in your chest Yon doulè oswa yon presyon ki rive souvan nan pwatrin	Yes Wi	No Non
b. Pain or tightness in your chest during physical activity Doulè oswa presyon nan pwatrin pandan w ap fè egzèsis fizik	Yes Wi	No Non
c. Pain or tightness in your chest that interferes with your job Doulè oswa presyon nan pwatrin ki afekte travay ou	Yes Wi	No Non
d. In the past two years, have you noticed your heart skipping or missing a beat Pandan de ane ki sot pase yo, èske w te remake kè w pa t bat yon fason regilye?	Yes Wi	No Non
e. Heartburn or indigestion that is not related to eating Doulè lestomak oswa endijesyon ki pa gen rapò ak manje	Yes Wi	No Non
f. Any other symptoms that you think may be related to heart or circulation problems. Nenpòt ki lòt sentòm ki, dapre w, gen rapò ak pwoblèm kè oswa sikilasyon.	Yes Wi	No Non
7. Do you currently take medication for any of the following problems? Èske kounye a ou konn pran medikaman pou youn nan pwoblèm sa yo?		
a. Breathing or lung problems Pwoblèm respirasyon oswa poumon	Yes Wi	No Non
b. Blood pressure Tansyon	Yes Wi	No Non
c. Seizures (fits) Malkadi (konvilasyon)	Yes Wi	No Non
8. If you've used a respirator, have you even had any of the following problems? (If you've never used a respirator, check the following space and go to question 9). Si w konn sèvi ak yon respiratè, èske w te deja gen youn nan pwoblèm sa yo? (Si w pa t janm sèvi ak yon respiratè, tcheke espas ki pi ba a epi ale nan kesyon 9).		

a. Eye irritation Doulè nan je	Yes Wi	No Non
b. Skin allergies or rashes Alèji sou po oswa bouton	Yes Wi	No Non
c. Anxiety Tètchaje	Yes Wi	No Non
d. General weakness or fatigue Feblès oswa fatig nan tout kò w	Yes Wi	No Non
e. Any other problem that interferes with your use of a respirator Nenpòt ki lòt pwoblèm ki afekte itilizasyon respiratè a	Yes Wi	No Non
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire? Èske w ta renmen pale ak pwofesyonèl sante a ki pral revize repons ou te ba yo nan kesyonè sa a?	Yes Wi	No Non

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.

Chak anplwaye yo te chwazi pou itilize swa yon respiratè pou tout figi a, swa yon aparèy respiratwa izolan (ARI), dwe reponn kesyon 10 rive nan kesyon 15 ki pi ba yo. Anplwaye yo te chwazi pou itilize lòt kalite respiratè yo kapab reponn kesyon sa yo tou, si yo vle.

10. Have you ever lost vision in either eye (temporarily or permanently)? Èske w te deja pèdi kapasite pou w wè nan youn nan je w yo (pou yon ti tan oswa pou toutan)?	Yes Wi	No Non
11. Do you currently have any of the following vision problems? Èske kounye a ou gen youn nan pwoblèm sa yo nan je w yo?		
a. Wear contact lenses Ou mete lantiy kontak	Yes Wi	No Non
b. Wear glasses Ou mete linèt	Yes Wi	No Non
c. Color blind Gen kèk koulè w pa byen distenge (daltònyen)	Yes Wi	No Non
d. Any other eye or vision problem Nenpòt ki lòt pwoblèm nan je	Yes Wi	No Non
12. Have you ever had an injury to your ears, including a broken ear drum? Èske w te deja blese zorèy ou yo, san wete tenpan w?	Yes Wi	No Non
13. Do you currently have any of the following hearing problems? Èske kounye a ou gen youn nan pwoblèm sa yo nan zorèy?		

a. Difficulty hearing Difikilte pou w tande	Yes Wi	No Non
b. Wear a hearing aid Ou mete yon aparèy pou w tande	Yes Wi	No Non
c. Any other hearing or ear problems? Èske w gen yon lòt pwoblèm nan zorèy?	Yes Wi	No Non
14. Have you ever had a back injury? Èske w te deja blese do w?	Yes Wi	No Non
15. Do you currently have any of the following musculoskeletal problems? Èske kounye a ou gen youn nan pwoblèm sa yo nan mis oswa nan zo?		
a. Weakness in any of your arms, hands, legs, or feet Feblès nan youn nan bra, men, janm oswa pye w yo	Yes Wi	No Non
b. Back pain Doulè nan do	Yes Wi	No Non
c. Difficulty fully moving your arms and legs Difikilte pou w bouje bra ak janm ou yo nètale	Yes Wi	No Non
d. Pain or stiffness when you lean forward or backward at the waist Doulè oswa rijidite lè w ap pliye senti w pa devan oswa pa deyè	Yes Wi	No Non
e. Difficulty fully moving your head up or down Difikilte pou w deplase tèt ou anlè oswa anba nètale	Yes Wi	No Non
f. Difficulty fully moving your head side to side Difikilte pou w deplase tèt ou bò gòch oswa bò dwat	Yes Wi	No Non
g. Difficulty bending at your knees Difikilte pou w pliye jenou w yo	Yes Wi	No Non
h. Difficulty squatting to the ground Difikilte pou w akoupi w atè	Yes Wi	No Non
i. Climbing a flight of stairs or a ladder carrying more than 25 lbs. Monte eskalye yo oswa yon nechèl ak yon chay ki peze plis pase 25 liv	Yes Wi	No Non
j. Any other muscle or skeletal problem that interferes with using a respirator Nenpòt ki lòt pwoblèm mis oswa zo ki anpeche w itilize yon respiratè	Yes Wi	No Non

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.

Pati B: Pwofesyonèl sante a ki pral revize kesyonè sa a gendwa ajoute nan kesyonè a kèk nan kesyon ki parèt pi ba yo, oswa nenpòt lòt kesyon ki pa parèt.

<p>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? Èske kote w travay kounye a la a wo anpil (plis pase 5 000 pye wotè) oswa èske nivo oksijèn kote w travay la pi ba pase kantite nòminal la?</p>	<p>Yes No Wi Non</p>
<p>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? Si "wi", èske w konn gen vètij, èske w konn pa rive byen respire, èske kè w konn bat fò, oswa èske w gen lòt sentòm lè w ap travay nan kondisyon sa yo?</p>	<p>Yes No Wi Non</p>
<p>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? Nan travay ou oswa lakay, èske w te deja an kontak ak yon likid danjere, yon pwodui chimik ki danjere ki nan lè a (pa egzanp yon gaz, yon vapè oswa yon pousyè), oswa èske w te deja touche kèk pwodui chimik?</p>	<p>Yes No Wi Non</p>
<p>If "yes", name the chemicals, if you know them. Si "wi", ekri non pwodui chimik yo, si w rekonèt yo.</p>	
<p>3. Have you ever worked with any of the materials, or under any of the conditions, listed below? Èske w te deja travay ak materyo oswa anba youn nan kondisyon ki parèt pi ba yo?</p>	
<p>a. Asbestos Amyant (asbès)</p>	<p>Yes No Wi Non</p>
<p>b. Silica (e.g., in sandblasting) Silis (pa egz. lè y ap netwaye ak sab)</p>	<p>Yes No Wi Non</p>
<p>c. Tungsten/cobalt (e.g., grinding or welding this material)? Tònstèn/kobalt (pa egz. lè y ap moulen oswa soude materyo sa a)?</p>	<p>Yes No Wi Non</p>
<p>d. Beryllium Beril</p>	<p>Yes No Wi Non</p>
<p>e. Aluminum Aliminyòm</p>	<p>Yes No Wi Non</p>
<p>f. Coal (for example, mining) Chabon (pa egz. travay nan min yo)</p>	<p>Yes No Wi Non</p>
<p>g. Iron Fè</p>	<p>Yes No Wi Non</p>
<p>h. Tin Eten</p>	<p>Yes No Wi Non</p>
<p>i. Dusty environments Anviwònman ki gen anpil pousyè ladan yo</p>	<p>Yes No Wi Non</p>
<p>j. Any other hazardous exposures Nenpòt lòt anviwònman ki danjere yo</p>	<p>Yes No Wi Non</p>

<p>If "yes", describe these exposure</p> <p>Si "wi", dekri anviwònman an</p>		
<p>4. List any second jobs or side businesses you have.</p> <p>Ekri dezyèm travay ou oswa nenpòt lòt ti biznis apa ou genyen yo.</p>		
<p>5. List your previous occupations.</p> <p>Ekri pòs travay ou te genyen anvan yo.</p>		
<p>6. List your current and previous hobbies.</p> <p>Ekri pastan ou pratike kounye a oswa sila w te konn pratike yo.</p>		
<p>7. Have you been in the military services.</p> <p>Èske w te deja fè sèvis militè?</p>	<p>Yes</p> <p>Wi</p>	<p>No</p> <p>Non</p>
<p>If "yes", were you exposed to biological or chemical agents (either in training or combat)?</p> <p>Si "wi", èske w te deja an kontak ak kèk pwodui biolojik oswa chimik (pandan antrènman an oswa pandan konba a)?</p>	<p>Yes</p> <p>Wi</p>	<p>No</p> <p>Non</p>
<p>8. Have you ever worked on a HAZMAT team?</p> <p>Èske w te deja travay ak yon ekip HAZMAT (materyo danjere)?</p>	<p>Yes</p> <p>Wi</p>	<p>No</p> <p>Non</p>
<p>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)?</p> <p>Anplis de medikaman pou pwoblèm respirasyon oswa poumon, pwoblèm kadyak, tansyon ak malkadi yo gentan mansyone nan kesyonè sa a, èske w konn pran nenpòt lòt medikaman pou yon lòt rezon (san wete medikaman ou ka achte san preskripsyon yo)?</p>	<p>Yes</p> <p>Wi</p>	<p>No</p> <p>Non</p>
<p>If "yes", name the medications, if you know them.</p> <p>Si "wi", ekri non medikaman yo, si w rekonèt yo.</p>		
<p>10. Will you be using any of the following items with your respirator(s)?</p> <p>Èske w pral itilize kèk nan bagay sa yo ansanm ak respiratè w a (yo)?</p>		
<p>a. HEPA filters</p> <p>Filt HEPA</p>	<p>Yes</p> <p>Wi</p>	<p>No</p> <p>Non</p>
<p>b. Canisters (for example, gas masks)</p> <p>Boutèy (pa egzanzp, pou mask pou gaz yo)</p>	<p>Yes</p> <p>Wi</p>	<p>No</p> <p>Non</p>

c. Cartridges Katouch	Yes No Wi Non
<p>11. How often are you expected to use de respirator(s)? (Circle "yes" or "no" for all answers that apply to you)?</p> <p>Dapre ou menm, chak ki lè w pral itilize respiratè a (yo)? (Ansèkle “wi” oswa “non” lè chak repons aplikab).</p>	
a. Escape only (no rescue). Annik pou chape (pa pou sekouri moun)	Yes No Wi Non
b. Emergency rescue only Annik pou sekouri moun nan ka ijan	Yes No Wi Non
c. Less than 5 horns per week Mwens pase senkè pa semèn	Yes No Wi Non
d. Less than 2 hours per day Mwens pase dezè pa jou	Yes No Wi Non
e. 2 to 4 hours per day Antre dezè ak katrè pa jou	Yes No Wi Non
f. Over 4 hours per day Plis pase katrè pa jou	Yes No Wi Non
<p>12. During the period you are using the respirator(s), is your work effort:</p> <p>Pandan peryòd tan w ap sèvi ak respiratè a (yo), èske efò w fè yo:</p>	
a. Light (less than 200 kcal per hour) Piti (mwens pase 200 kkal chak lè)?	Yes No Wi Non
<p>If "yes", how long does this period last during the average shift? _____ hours, _____ mim, ltes. Examples of a light work are <i>sitting</i> while writing, typing, drafting, or performing light assembly work; or <i>standing</i> while operating a drill press (1-3 lbs.) or controlling machines. Si “wi”, konbyen tan peryòd sa a dire pandan lè travay nòmal la? _____ lè, _____ minit. Men kèk egzanp travay ki mande yon efò piti: w ap <i>chita</i> pandan w ap ekri, tape sou òdinatè, desine oswa asanble yon seri pyès fasil, oswa w ap <i>kanpe</i> pandan w ap itilize yon dril (1-3 liv) oswa w ap kontwole machin yo.</p>	
b. Moderate (200 to 350 kcal per hour) Mwayen (200-350 kkal chak lè)?	Yes No Wi Non

<p>If "yes", how long does this period last during the average shift? _____ hours _____ minutes. Examples of moderate work effort are <i>sitting</i> while nailing or filing; <i>driving</i> a truck or bus in urban traffic; <i>standing</i> while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; <i>welking</i> on a level surface about 2 mph or down a 5-degree grade about 3mph, or <i>pushing</i> a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.</p> <p>Si “wi”, konbyen tan peryòd sa a dire pandan lè travay nòmmal la? _____ lè _____ minit. Men kèk egzanp travay ki mande yon efò mwayen: w ap <i>chita</i> pandan w ap kloure oswa w ap lime yon bagay; w ap <i>kondui</i> yon kamyon oswa yon bis nan vil la; w ap <i>kanpe</i> pandan w ap sèvi ak yon dril, w ap kloure, w ap asanble yon seri pyès oswa w ap deplase yon chay ki plizoumwèn lou (anviwon 35 liv) deyè yon machin; w ap <i>mache</i> sou yon sifas plat nan yon vitès 3 km/lè oswa w ap desann sou yon sifas ki gen yon enklinezon 5 degre nan yon vitès 5 km/lè, oswa w ap <i>pouse</i> yon bourèt ki gen yon chay lou (anviwon 100 liv) sou yon sifas plat.</p>	
<p>c. <i>Heavy</i> (above 350 kcal per hour) <i>Gwo</i> (plis pase 350 kkal chak lè)?</p>	<p>Yes No Wi Non</p>
<p>If "yes", how long does this period last during the average? _____ hours, _____ minutes. Examples of heavy work are <i>lifting</i> a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; <i>shoveling</i>; <i>standing</i> while bricklaying or chipping castings; <i>walking</i> up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.)</p> <p>Si “wi”, konbyen tan peryòd sa a dire pandan lè travay nòmmal la? _____ lè, _____ minit. Men kèk egzanp travay ki mande yon gwo efò: w ap <i>leve</i> yon chay ki lou (tankou 50 liv) depi atè rive jis sou senti w oswa zepòl ou; w ap travay sou yon platfòm chajman; w ap deplase materyo ak yon pèl; w ap <i>kanpe</i> pandan w ap poze blok oswa w ap retire moulaj yo; w ap <i>monte</i> apye sou yon sifas ki gen yon enklinezon 8 degre nan yon vitès 3 km/lè; w ap monte eskalye ak yon chay ki lou (tankou 50 liv).</p>	
<p>13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator? Èske w ap mete yon lòt rad ak/oswa ekipman pwoteksyon (apa de respiratè a) pandan w ap itilize respiratè a?</p>	<p>Yes No Wi Non</p>
<p>If "yes", describe this protective clothing and/or equipment. Si “wi”, dekri rad ak/oswa ekipman pwoteksyon sa a.</p>	
<p>14. Will you be working under hot conditions - temperature greater than 77 degrees F? Èske w pral travay nan gwo chalè (anba tanperati ki pi cho pase 77 degre F)?</p>	<p>Yes No Wi Non</p>
<p>15. Will you be working under humid conditions? Èske w pral travay nan kondisyon ki imid?</p>	<p>Yes No Wi Non</p>
<p>16. Describe the work you'll be doing while you're using your respirator(s). Dekri travay ou pral reyalize a pandan w ap itilize respiratè a (yo).</p>	

<p>17. Describe any special or hazardous conditions you might encounter when you're using your respirator (s) (for example, confined spaces, life-threatening gases).</p> <p>Dekri nenpòt kondisyon espesyal oswa danjere ki gendwa rive pandan w ap itilize respiratè o u a (yo) (pa egzanp, travay nan espas ki toupiti yo oswa ak gaz ki ka mete lavi w an danje).</p>	
<p>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).</p> <p>Si w kapab, tanpri ekri enfòmasyon ki gen rapò ak chak pwodui toksik ou pral an kontak avè l la lè w ap itilize respiratè w a (yo).</p>	
<p>a. Name of the first toxic substance Non premye pwodui toksik la</p>	
<p>Estimated maximum exposure level per shift Nivo kontak maksimòm yo kalkile pandan peryòd travay la</p>	
<p>Duration of exposure per shift Kantite tan kontak la pral dire pandan peryòd travay la</p>	
<p>b. Name of the second toxic substance Non dezyèm pwodui toksik la</p>	
<p>Estimated maximum exposure level per shift Nivo kontak maksimòm yo kalkile pandan peryòd travay la</p>	
<p>Duration of exposure per shift Kantite tan kontak la pral dire pandan peryòd travay la</p>	
<p>c. Name of the third toxic substance Non twazyèm pwodui toksik la</p>	
<p>Estimated maximum exposure level per shift Nivo kontak maksimòm yo kalkile pandan peryòd travay la</p>	
<p>Duration of exposure per shift Kantite tan kontak la pral dire pandan peryòd travay la</p>	
<p>d. The name of any other toxic substances that you'll be exposed to while using your respirator Non nenpòt lòt pwodui toksik ou pral an kontak avè l la pandan w ap itilize respiratè w a.</p>	

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).

Dekri responsablite espesyal ou pral genyen yo ki ta ka afekte sekirite ak byennèt lòt moun yo pandan w ap itilize respiratè w a (yo) (pa egzanp: responsab sekou yo, sekirite, eks.).

Employee Signature/Siyati anplwaye a _____

Reviewed By/Moun ki revize l _____ Title/Tit _____

Date/Dat _____

Medical Review By/Moun ki fè revizyon medikal la _____ Title/Tit _____

Date/Dat _____

Approved use of following respirators and conditions:
Yo te apwouve itilizasyon respiratè sa yo ak kondisyon sa yo:

Physician's Notes/Remak doktè a:



Physicians Health Center
OCCUPATIONAL HEALTH SPECIALISTS

Respirator Physical Results

EMPLOYEE: _____

EMPLOYER: _____

Initial Exam _____

Annual Exam _____

PFT _____

FEV1 _____

FVC _____

Chest X-Ray _____

Pulmonary Physical Exam (chest, heart, lung exam) _____

Examining Physician

Date