Washington University in St.Louis

N-95 Respiratory Protection and Fit-Testing
Respirator Medical Evaluation Questionnaire: Mandatory

The answers on this questionnaire will be forwarded to WUSM Student Health to be used for the N-95 process only.

Please complete the N-95 Respirator Medical Evaluation Questionnaire and return the completed Medical Evaluations to Betty Feagans via email: feagansb@wusm.wustl.edu

Please answer all the following 8 questions, pages 1 – 3.

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

Today's date:

Your name:

Student ID:

Current Curriculum:

Your age (to nearest year):

Gender:

Your height: ft. in.

Your weight: lbs.

A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code):

The best time to phone you at this number:

Have you worn a respirator (check one): ☐Yes ☐NO

If "yes," what type(s):

Do you have facial hair (beard, goatee, sideburns) that may affect the respirator seal?

☐YES ☐NO

Part A. Section 2: (**Mandatory**) Questions 1 through 8 below must be answered by every student/employee who has been selected to use any type of respirator (please check box).

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:	☐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
1. 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
f. 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 (fits): ☐YES ☐NO

8. **If you've used a respirator, have you ever had any of the following problems?**

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

If you have any questions regarding the N-95 fit-testing the alternative contact is:
Tony Nardi (314) 362-6930.