N95/P2 Tight-Fitting Respirator User
INITIAL Occupational Health Questionnaire

Name:		**Employee Number:**	
Date of Birth:		**Role:**	
Cellphone:		**Work Area:**	
Preferred email:		**Manager:**	

The purpose of obtaining this personal and health information is to ensure you are safe to undertake a hood or PortaCount fit test and to wear a tight-fitting respirator (mask) at work.

If you answer 'Yes' to any of these questions you may be contacted by Occupational Health for further assessment.

This form is to be used at your FIRST evaluation after November 2020.

PLEASE COMPLETE THESE QUESTIONS	
1. What type(s) of tight fitting respirator do or will you use? *(tick all that apply)* ☐ Disposable N95 / P2 mask *(non-cartridge type only)* ☐ Re-usable respirator: half-face respirator / full-face respirator / PAPR / other *(circle)* ☐ Unknown Specify brand and model(s) you use *(if known)*:	
2. Have you had a previous Health Evaluation for wearing a respirator? a. If **yes,** were any concerns identified? Please describe: b. Who completed the evaluation(s)?	**Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐
3. Have you used a tight-fitting respirator in the past? a. If **yes**, have you had difficulties with a particular type of respirator? b. If **yes**, have you ever been considered unfit to wear a particular respirator? Please describe:	**Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐
4. Do you get any of the following symptoms: a. Breathless while carrying out your normal work duties b. Easily breathless with activity, such as climbing the stairs c. Pain or tightness in your chest d. Your heart skipping a beat	 **Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐
5. Smoking history: a. Do you currently smoke tobacco, or have you smoked tobacco in the last month b. If you are an ex-smoker, when did you stop (mm/yyyy): c. Do you currently vape, or have you vaped in the last month d. If you are an ex-vaper, when did you stop (mm/yyyy):	 **Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐
6. Have you ever had any of the following lung problems: a. Asthma that is currently active, or has been active in the last 5 years b. Pneumothorax (collapsed lung) c. Any chest injuries or surgeries d. Chronic lung disease or have known reduced lung function e. Any other lung problem	 **Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐
7. Have you ever had any of the following cardiovascular or heart problems: a. Heart disease (e.g. angina, heart attack, reduced cardiac function) b. High blood pressure that requires medication or is currently under investigation c. Any other cardiovascular problem	 **Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐
8. Have you ever had any of the following conditions: a. Seizures (fits) b. Diabetes c. Vertigo or loss of balance d. Claustrophobia (fear of closed-in places) e. Anxiety f. Moderate anaemia (haemoglobin less than 100 g/L) g. Difficulty hearing or wearing a hearing aid	 **Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐

9. Women: Are you pregnant? *Notes for pregnant women:* - *Due to changes in face shape you may need another fit test in your last trimester if the mask fit has changed and/or the seal check is compromised* - *If you develop complications of pregnancy, you must complete a Covid Vulnerable Staff Assessment on Hippo or contact Occupational Health* - *The preference is for you to have a PortaCount (not Hood) where possible* *Note for women <u>not</u> currently pregnant:* - *If you become pregnant, you must complete a Covid Vulnerable Staff Assessment on Hippo to alert OH*	**Yes** ☐ **No** ☐
10. Hood-testing: a. Have you had a previous reaction to the solution used (Denatonium benzoate) b. Do you have a known allergy to Quaternary ammonium products c. Do you have a loss of sense of taste or smell	**Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐
11. a. Do you have any other medical condition(s) that you feel may impact on your ability to safely wear a Respirator in the course of your duties? b. Do you anticipate any difficulties wearing a respirator in the course of your duties? *Note: N95 respirators must fit firmly on a hair-free face to prevent air leaks. You may sense some resistance to breathing and it may feel warm.*	**Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐
12. If **Yes** to any questions, please provide details: *(e.g. severity, stability, medications)*	

DECLARATION

I confirm that the health information provided is true and correct. I understand that this screening evaluation will be used to assess whether I am safe to undertake a hood / PortaCount test and wear a tight-fitting respirator, and that it is not a substitute for regular medical assessments by my own doctor(s).

I understand that this information may be reviewed by my In-Team Fit Tester and that if I feel uncomfortable disclosing any health information to my In-Team Fit Tester I can contact Occupational Health (OH) to discuss my concerns.

I consent to my records being held confidentially in my OH file, and OH obtaining relevant health information from Concerto and treating clinicians. I understand that only information relevant to my ability to safely use a tight-fitting respirator will be released to my Manager and/or HR.

Signature:		**Date:**	

Office Use Only:

Any concerns on Q: Yes / No

If so, comments:

Reviewer Name:

Review Role: In-Team Fit Tester / OHN / Other (specify)

Signature: Discussion with Occ Health required: Yes / No