



# BREATHING APPARATUS QUESTIONNAIRE

The following information must be provided by every employee who has been selected to use a respirator.

Name  Date of Birth:

Job Title  Sex:  Height:  ft  in Weight:  lbs

Check the type of respirator you will use (you can tick more than one category):

- a. \_\_\_\_\_ Disposable respirator (filter-mask, non-cartridge type only)
- b. \_\_\_\_\_ Other type (for example, half or full-face piece type powered air purifying, supplied air, self-contained breathing apparatus)

Have you worn a respirator before?  Yes  No

Do you currently smoke tobacco, or have you smoked tobacco in the last month?  Yes  No

**Have you ever had/do you currently have any of the following; (Please list all medications used)**

- Chest problems/shortness of breath/persistent coughing  Yes  No
- Asthma  Yes  No
- Claustrophobia  Yes  No
- Heart disease/High blood pressure  Yes  No
- Deafness or any other ear related condition  Yes  No
- Seizures (fits)/blackouts/dizzy spells  Yes  No
- Diabetes  Yes  No
- Back or joint problems  Yes  No

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

- Eye irritation:  Yes  No
- Skin allergies or rashes:  Yes  No
- Anxiety:  Yes  No
- General Weakness or fatigue:  Yes  No
- Any other problem that interferes with your use of a respirator:  Yes  No

**Do you currently have any of the following vision problems?**

- Wear contact lenses:  Yes  No
- Wear glasses:  Yes  No
- Colour deficiency  Yes  No

Please give details of all positive responses (Please list all medications used);

### Employee Declaration

I declare that the information given in this document is true and complete to the best of my knowledge, and that I understand that failure to disclose information may affect my employment.  
I consent to undertaking Breathing Apparatus Medical and the results being submitted and discussed with my company management, with a report being sent by the Occupational Health provider to my GP if necessary.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Spirometry result: FVC \_\_\_\_\_ FEV1 \_\_\_\_\_