

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:

Weight:

 ft in

 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