

UNIVERSITY OF SOUTH ALABAMA
PRE-

PRE-RESPIRATOR FIT TEST QUESTIONNAIRE

2. Have you ever had any of the following

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- lung problems
5. Do you currently take medication for any of the above conditions? Yes No
If yes, please list _____

6. If you have 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 |
7. Have there been any changes in your medical history since your last Pre-Respiratory Fit Test questionnaire was completed? Yes No

Reviewed by:

Safety and Environmental Compliance

_____ Approved for respirator fit test.

_____ Further medical evaluation is requested.

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