McGill University Respirator Health Validation Form

McGill

**** This form must be completed prior to your fit testing appointment.**

This questionnaire will be used in determining whether or not you have a medical condition that may affect your ability to wear a respirator. All medical information is considered confidential.

SECTION 1: RESPIRATOR USE

RESPIRATOR USER INFORMATION

Name: ______________________ McGill ID: ______________________

Department: ______________________ Email address: ______________________

CONDITIONS OF RESPIRATOR USE *Check more than one box, as required*

Check if used	TYPE OF RESPIRATOR	FREQUENCY approximate per month	EFFORT LEVEL physical exertion during use	DURATION approximate per use	TEMPERATURE during use
	Filtering facepiece (N95 disposable)	______ times per month	Low Moderate High	< 15 min Between 15 - 60 min > 60 min	< 0 °C > 0 and < 25 °C > 25 °C
	Half-facepiece with filters and cartridges	______ times per month	Low Moderate High	< 15 min Between 15 - 60 min > 60 min	< 0 °C > 0 and < 25 °C > 25 °C
	Full facepiece with filters and cartridges	______ times per month	Low Moderate High	< 15 min Between 15 - 60 min > 60 min	< 0 °C > 0 and < 25 °C > 25 °C
	Supplied-air respirator (positive pressure helmet)	______ times per month	Low Moderate High	< 15 min Between 15 - 60 min > 60 min	< 0 °C > 0 and < 25 °C > 25 °C
	Self-contained breathing apparatus (SCBA)	______ times per month	Low Moderate High	< 15 min Between 15 - 60 min > 60 min	< 0 °C > 0 and < 25 °C > 25 °C

SECTION 2: RESPIRATOR USER'S HEALTH CONDITION

Check only the box YES or NO. Please DO NOT write any additional medical information on this form.

If wearing a full face respirator, will you need to wear glasses? **Yes** **No**

Have you ever had one of the following conditions that could interfere with the use of a respirator? **Yes** **No**

LIST OF CONDITIONS			
Shortness of breath	Respiratory difficulty	Chronic bronchitis	Asthma
Breathing difficulty when wearing a respirator	Pulmonary disease	Emphysema	Chest pain, on exertion
Heart conditions	Pacemaker	Cardiovascular disease	Thyroid problems
Diabetes	Hypertension/high pressure	Neuromuscular disease	Loss of consciousness
Vertigo/nausea	Claustrophobia/vertigo	Temperature sensitivity	Panic attacks
Hearing difficulty	Allergies	Color blindness	Decreased olfaction
Decreased taste	Dental prosthesis	Back/neck problems	Skin problems/special facial features
Eye disorder			

Have you ever had experienced difficulties wearing a respirator? **Yes** **No**

Do you have any concerns about your ability to use a respirator safely? **Yes** **No**

*** NOTE: If you checked 'YES' for any of the questions above, a health care professional must complete an evaluation (SECTION 3) before the use of a respirator is approved.**

To achieve full effectiveness of the respiratory protection device and to ensure optimal protection, nothing should interfere or impair the seal of the facepiece at the points of contact to the face or impede the proper functioning of the respirator. Possible interference with the seal are: facial hair, sideburns, hair,

personal accessories, piercings, and personal protective equipment. You must be clean shaven when you wear a respirator. A 24-hour regrowth constitutes an acceptable limit.

I certify that I have understood all the above-mentioned questions and have answered to the best of my ability:

Employee's name: ____________________ Signature: ___________________ Date: _______________________________

EHS Representative: _____________________ Signature: ___________________ Date: _______________________________

SECTION 3: EVALUATION BY A HEALTH CARE PROFESSIONAL

Only necessary if 'YES' was indicated to any of the questions in Section 2 above

Date of the consultation: _________________

ASSIGNMENT NOTICE *(Check ✓)*			
TYPE OF RESPIRATOR USED	**COMPLIES WITH THE MEDICAL REQUIREMENTS and is FIT TO WEAR A RESPIRATOR**	**FIT TO WEAR THE RESPIRATOR WITH LIMITATIONS** *(SPECIFY)*	**THE USE OF THIS RESPIRATOR IS FORBIDDEN**
Filtering facepiece (N95 disposable)		:	
Half-facepiece with filters and cartridges		:	
Full facepiece with filters and cartridges		:	
Supplied-air respirator (with positive pressure helmet)		:	
Self-contained Breathing apparatus (SCBA)		:	

Comments:

Name of the health care professional: ____ Title: ______________________________

Signature of the health care professional ____

Once completed, please return by email to rpp.ehs@mcgill.ca