RESPIRATORY PROTECTION PROGRAM

Rose-Hulman Institute of Technology
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RESPIRATORY PROTECTION PROGRAM

1.0 Purpose

The purpose of this program is to inform employees of Rose-Hulman Institute of Technology (Rose-Hulman) of the hazards associated with the chemicals used in their workplace, provide information on appropriate measures for the chemical hazards in the workplace, comply with the requirements of the OSHA Hazard Communication Standard and all other applicable state and federal regulations and the employees Right-To-Know.

2.0 Regulatory Reference

OSHA 29 CFR 1910.134

3.0 Scope

This program is applicable to all employees of Rose-Hulman, including contractors and subcontractors who may be exposed to airborne contamination as part of their job.

4.0 Responsibility

The Rose-Hulman Office of Environmental Health & Safety (EH&S) is responsible for the establishment, implementation, and review of this program. EH&S is responsible for developing and updating this program as appropriate, makes the written program available in written format and on the EH&S website. EH&S will provide employee training to meet the requirements of the program when as needed. EH&S maintains records for training and medical evaluations as part of this program. All pulmonary testing will be conducted by an outside vendor. All fit testing will be conducted by the Manager of EH&S.

Employees are responsible for participating in the medical evaluations, fit-testing, and training required by this program. Each employee is responsible for maintaining and cleaning his/her respirator. The employee is responsible for wearing their respirator with the appropriate cartridges and/or filters for jobs requiring such use.

5.0 Definitions

*Air-purifying Respirator*: a respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element

*Atmosphere-supplying Respirator*: a respirator that supplies the user with breathing air from a source independent of the ambient atmosphere, and includes supplied-air respirators (SARs) and self-contained breathing apparatus (SCBA) units.

*Canister or Cartridge*: a container with a filter, sorbent, catalyst, or a combination of these items, which removes specific contaminants from the air passes through the container.
**Employee exposure:** exposure to a concentration of an airborne contaminant that would occur if the employee were not wearing a respirator.

**End-of-Service-Life Indicator (ESLI):** a system that warns the respirator user of the approach of the end of adequate respiratory protection; for example, that the sorbent is approaching saturation and is no longer effective.

**Escape-only Respirator:** a respirator intended to be used only for emergency exit.

**Filter or air-purifying element:** a component used in respirators to remove solid or liquid aerosols from the inspired air.

**Filtering Facepiece (dust mask):** a negative pressure particulate respirator with a filter as an integral part of the facepiece, or with the entire facepiece composed of the filtering material

**Fit Test:** the use of a protocol to qualitatively or quantitatively evaluate the fit of the respirator on an individual.

**High-efficiency Particulate Air (HEPA) Filter:** A filter that is at least 99.7% efficient in removing mono-disperse particles of 0.3 microns in diameter.

**Immediately Dangerous to Life or health (IDLH):** an atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair a person’s ability to escape from a dangerous atmosphere.

**Negative Pressure Respirator:** a respirator where the air pressure inside the facepiece is negative during inhalation relative to the ambient air pressure.

**Positive Pressure Respirator:** a respirator where the pressure inside the facepiece exceeds the ambient air pressure.

**Powered Air-purifier Respirator (PAPR):** an air-purifying respirator that uses a blower to force ambient air through the air purifying elements

**Respiratory Protection Program:** an employer’s written program describing how the requirements of the OSHA standard are to be met

**Self-Contained Breathing Apparatus (SCBA):** an atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user

**Service Life:** the period of time that a respirator, filter, or sorbent, or other respiratory equipment provided adequate protection for the wearer.

**User Seal Check:** an action conducted by the respirator user to determine if the respirator is properly seated to the face.
6.0 Training and Recordkeeping

Rose-Hulman will provide employees with effective information and training on the proper care, use, and procedures related to respiratory protection:

- At the time of their initial hire or assignment to a job, provided either by the Office of Environmental Health and Safety Management.
- Training whenever conditions in the workplace change or the facial structure of the employee changes

Training will include:

- The purpose of respiratory protection to include benefits and limitations
- Communication of respiratory hazards to which employees may be exposed
- Proper use of respiratory protection in routine and reasonably foreseeable emergency situations
- Procedures for performing self fit-test of respirators as well as donning and doffing the respirator
- Procedures for cleaning, disinfecting, storing, repairing, discarding, and otherwise maintaining respirators

A record will be kept of each employee’s training on the Hazard Communication Program in the Office of Environmental Health and Safety. Training records will include:

- Employee’s Name
- Employee’s Signature
- Training Topic and brief summary of content
- Date and location of training
- Training Instructor’s name

Medical evaluations are considered confidential and are not maintained with training records. Medical files related to respiratory protection pulmonary testing are maintained by the Manager of EH&S under lock and key within the Office of EH&S.

7.0 Procedures

This program begins with a job hazard evaluation of the workplace and the jobs to be performed in that workplace, to determine whether there is a possibility of worker exposure to airborne contaminants. The evaluation includes a determination of the type of respirator and cartridges or filters needed for that specific work site and job.

Whenever possible, engineering controls and administrative controls shall be used to eliminate or minimize airborne contaminants in each workplace. These controls can include enclosure or confinement of the operation, general and local ventilation, and substitution of less toxic materials.

Wherever it is not feasible to eliminate or control the airborne contaminants, or other regulations override, employees will be included in the Rose-Hulman Respiratory Protection
Program. This includes an OSHA-defined medical evaluation to ensure employees are physically able to wear respirators, a respirator fit-test for each employee, and training in the use and care of the respirator.

Medical evaluations, fit-testing, training, respirators and cartridges/filters will be provided to these employees at no cost to the employee.

It is the responsibility of the Manager of EH&S to select the proper respirator and filters / cartridges for each employee needing a respirator.

This determination shall include:

- A determination of the specific toxins or hazards the employee will encounter
- An estimate of the quantity of those toxins the employee is reasonably expected to encounter during a specified period of time
- The fit-test, ensure the respirator fits the employee and provides adequate protection
- The comfort of the employee while wearing the respirator
- The availability of the recommended respirator, filters, cartridges, replacement parts, etc.

Employees using respirators will be fit-tested at least annually, whenever a new respirator is used, or whenever there is significant change in the employee’s facial structure.

**Excerpt from Appendix A to § 1910.134: Fit Testing Procedures (Mandatory)**

The employer shall conduct fit testing using the following procedures. The requirements in this appendix apply to all OSHA-accepted fit test methods, both QLFT and QNFT.

1. The test subject shall be allowed to pick the most acceptable respirator from a sufficient number of respirator models and sizes so that the respirator is acceptable to, and correctly fits, the user.

2. Prior to the selection process, the test subject shall be shown how to put on a respirator, how it should be positioned on the face, how to set strap tension and how to determine an acceptable fit. A mirror shall be available to assist the subject in evaluating the fit and positioning of the respirator. This instruction may not constitute the subject’s formal training on respirator use, because it is only a review.

3. The test subject shall be informed that he/she is being asked to select the respirator that provides the most acceptable fit. Each respirator represents a different size and shape, and if fitted and used properly, will provide adequate protection.
4. The test subject shall be instructed to hold each chosen facepiece up to the face and eliminate those that obviously do not give an acceptable fit.

5. The more acceptable facepieces are noted in case the one selected proves unacceptable; the most comfortable mask is donned and worn at least five minutes to assess comfort. Assistance in assessing comfort can be given by discussing the points in the following item A.6. If the test subject is not familiar with using a particular respirator, the test subject shall be directed to don the mask several times and to adjust the straps each time to become adept at setting proper tension on the straps.

6. Assessment of comfort shall include a review of the following points with the test subject and allowing the test subject adequate time to determine the comfort of the respirator:

   (a) Position of the mask on the nose
   (b) Room for eye protection
   (c) Room to talk
   (d) Position of mask on face and cheeks

7. The following criteria shall be used to help determine the adequacy of the respirator fit:

   (a) Chin properly placed;
   (b) Adequate strap tension, not overly tightened;
   (c) Fit across nose bridge;
   (d) Respirator of proper size to span distance from nose to chin;
   (e) Tendency of respirator to slip;
   (f) Self-observation in mirror to evaluate fit and respirator position.

8. The test subject shall conduct a user seal check, either the negative and positive pressure seal checks described in Appendix B-1 of this section or those recommended by the respirator manufacturer which provide equivalent protection to the procedures in Appendix B-1. Before conducting the negative and positive pressure checks, the subject shall be told to seat the mask on the face by moving the head from side-to-side and up and down slowly while taking in a few slow deep breaths. Another facepiece shall be selected and retested if the test subject fails the user seal check tests.

9. The test shall not be conducted if there is any hair growth between the skin and the facepiece sealing surface, such as stubble beard growth, beard, mustache or sideburns which cross the respirator sealing surface. Any type of apparel which interferes with a satisfactory fit shall be altered or removed.
10. If a test subject exhibits difficulty in breathing during the tests, she or he shall be referred to a physician or other licensed health care professional, as appropriate, to determine whether the test subject can wear a respirator while performing her or his duties.

11. If the employee finds the fit of the respirator unacceptable, the test subject shall be given the opportunity to select a different respirator and to be retested.

12. Exercise regimen. Prior to the commencement of the fit test, the test subject shall be given a description of the fit test and the test subject's responsibilities during the test procedure. The description of the process shall include a description of the test exercises that the subject will be performing. The respirator to be tested shall be worn for at least 5 minutes before the start of the fit test.

13. The fit test shall be performed while the test subject is wearing any applicable safety equipment that may be worn during actual respirator use which could interfere with respirator fit.

14. Test Exercises.

   (1) Normal breathing. In a normal standing position, without talking, the subject shall breathe normally.

   (2) Deep breathing. In a normal standing position, the subject shall breathe slowly and deeply, taking caution so as not to hyperventilate.

   (3) Turning head side to side. Standing in place, the subject shall slowly turn his/her head from side to side between the extreme positions on each side. The head shall be held at each extreme momentarily so the subject can inhale at each side.

   (4) Moving head up and down. Standing in place, the subject shall slowly move his/her head up and down. The subject shall be instructed to inhale in the up position (i.e., when looking toward the ceiling).

   (5) Talking. The subject shall talk out loud slowly and loud enough so as to be heard clearly by the test conductor. The subject can read from a prepared text, count backward from 100, or recite a memorized poem or song.

   (6) Grimace. The test subject shall grimace by smiling or frowning. (This applies only to QNFT testing; it is not performed for QLFT)
(7) Bending over. The test subject shall bend at the waist as if he/she were to touch his/her toes. Jogging in place shall be substituted for this exercise in those test environments such as shroud type QNFT or QLFT units that do not permit bending over at the waist.

(8) Normal breathing. Same as exercise (1).

(b) Each test exercise shall be performed for one minute except for the grimace exercise which shall be performed for 15 seconds. The test subject shall be questioned by the test conductor regarding the comfort of the respirator upon completion of the protocol. If it has become unacceptable, another model of respirator shall be tried. The respirator shall not be adjusted once the fit test exercises begin. Any adjustment voids the test, and the fit test must be repeated.

The wearer of a respirator must perform a User Seal Check each time the respirator is put on. Note: this is not a substitute for the more extensive annual fit testing.

Positive Pressure Check: Close of (cover tightly with hands or remove valve) the exhalation valve and exhale gently into the facepiece. The face fit is considered satisfactory if a slight positive pressure can be built up inside the facepiece, without any evidence of outward leakage of air at the seal.

Negative Pressure Check: Close off the inlet opening of the canister or cartridge by covering with the palm of the hand. Inhale gently so that the facepiece collapses slightly; hold breath for ten seconds. If the facepiece remains in its slightly-collapsed condition and no inward leakage of air is detected, the fit of the respirator is considered satisfactory.

The following procedures are to be followed for proper cleaning of respiratory protection:

- Remove filters, cartridges or canisters. Disassemble facepiece by removing speaking diaphragms, demand and pressure-demand assemblies or other components unique to that respirator (follow manufacturer’s directions).
- Discard or repair any defective parts.
- Wash components in warm water with a mild detergent or a manufacturer-recommended cleaner. A stiff brush may be used to facilitate removal of dirt.
- Rinse components thoroughly with clean, warm water. Drain.
- To disinfect the respirator, use a dilute hypochlorite solution or other commercially available disinfectant. Rinse components thoroughly in clean warm water. Drain.
- Components should be air-dried or carefully hand-dried.
- Reassemble respirator, replacing cartridges, filters, or canisters when necessary.
- Test the respirator to ensure all components work properly.
- Perform User Seal Check Procedure.
No employee will be assigned a task where respiratory protection is or may be required unless proper training has been given and documented and a medical evaluation has been rendered indicating that the employee is physically fit to wear the required respiratory protection device(s).
APPENDIX A

Types of Respiratory Protection

Various respiratory devices are approved for use within the limits prescribed by the manufacturer. Selection of the proper types of respirator(s) for Rose-Hulman’s Respirator Protection Program shall be with the approval of EH&S. The following lists the respiratory devices used by RHIT employees:

A. **Air purifying mask** - particulate removing filter. They are generally called dust, mist, or fume mask and are used in minimal exposure areas.
   - Are disposable (single-use)
   - Are available in the quarter facepiece styles.
   - Two-strap units are recommended.
   - It **does not** provide oxygen, so it can never be worn in oxygen deficient atmosphere
   - It **does not** provide protection in atmospheres containing gases or vapors

B. **Air purifying respirator** - uses chemical cartridges and canisters for removal of gases and vapor.
   - Removes gases and vapors by trapping them on materials - such as activated charcoal.
   - Are available in half and full facepiece styles.
   - The protective element is the cartridge or canister which is designed to remove a particular contaminant. Specific labeling and color coding on each cartridge will clarify its use and level of protection.
   - It **does not** provide oxygen, it cannot be worn in an oxygen deficient atmosphere.
   - It **may not** be used if the chemical to be protected against lacks adequate warning properties - odor, taste, or irritation. These warnings are necessary to alert the user that: (a) the chemical absorbent is saturated, and (2) the contaminant is passing through the cartridge or canister and you are breathing the contaminant.
   - They **must not** be worn in an atmosphere that’s Immediately Dangerous to Life/and Health. (IDLH)

C. **Self-contained Breathing Apparatus (SCBA)**

With these devices, the wearer carries air or oxygen on his person in the form of a tank of compressed air which is supplied to the facepiece. It provides the total breathing requirements, not just the oxygen requirements, and its service life is usually about 30 minutes or less. There is no need for an airline or outside air supply. The SCBA **is not** protection from high temperatures, certain toxic gases that are skin absorbable, and radiation. All approved SCBAs incorporate an audible alarm which notifies the wearer when the air (oxygen) supply drops to a predetermined level of approximately 5 minutes remaining. When this alarm sounds, the wearer must exit the contaminated area immediately.
With use of this type of respirator, the employees must always work in pairs and stay in visual or oral contact. The entry team should be in pairs with the backup safety team or person in a safe area with contact maintained by sight, lifeline, radio, or voice for appropriate rescue.

- Employees must stay in contact with the wall or safety line.
- Employees need to work efficiently to conserve air.
- Maintenance of the equipment follows the Program procedure for respiratory devices with special attention given to filling the cylinders after each use.
- Training for the use of SCBA equipment is under the direction of the OEHS. Training records are kept at the OEHS and available for review at the request of the employee or government official.
Baseline Respiratory Status Questionnaire

DATE: ________________

NAME: __________________ AGE: ______yrs.  JOB TITLE: ___________

SEX:  Male/Female  HEIGHT: ___ ft. ___ in.  WEIGHT: ______ lbs

PHONE #: (___) ____________ (Best time to phone you ______ am/pm)

YES/NO Has your employer told you how to contact the health care professional who will review this questionnaire?

- [ ] a. ______ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
- [ ] b. ______ Other type (for example, half or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

YES/NO Have you worn a respirator? If “YES”, what type(s): __________________

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1. Do you currently smoke tobacco, or have you smoked tobacco in the last month?

YES/NO

- [ ] a. Seizures (fits)
- [ ] b. Diabetes (sugar disease)
- [ ] c. Allergic reactions that interfere with your breathing
- [ ] d. Claustrophobia (fear of closed-in places)
- [ ] e. Trouble smelling odors

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3. Have you ever had any of the following pulmonary or lung problems?
   YES / NO
   a. Asbestosis
   YES / NO
   b. Asthma
   YES / NO
   c. Chronic bronchitis
   YES / NO
   d. Emphysema
   YES / NO
   e. Pneumonia
   YES / NO
   f. Tuberculosis
   YES / NO
   g. Silicosis
   YES / NO
   h. Pneumothorax (collapsed lung)
   YES / NO
   i. Lung cancer
   YES / NO
   j. Broken ribs
   YES / NO
   k. Any chest injuries or surgeries
   YES / NO
   l. Any other lung problem that you’ve been told about

4. Do you currently have any of the following symptoms of pulmonary or lung illness?
   YES / NO
   a. Shortness of breath
   YES / NO
   b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline
   YES / NO
   c. Shortness of breath when walking with other people at an ordinary pace on level ground
   YES / NO
   d. Have to stop for breath when walking at your own pace on level ground
   YES / NO
   e. Shortness of breath when washing or dressing yourself
   YES / NO
   f. Shortness of breath that interferes with your job
   YES / NO
   g. Coughing that produces phlegm (thick sputum)
   YES / NO
   h. Coughing that wakes you early in the morning
   YES / NO
   i. Coughing that occurs mostly when you are lying down
   YES / NO
   j. Coughing up blood in the last month
   YES / NO
   k. Wheezing
   YES / NO
   l. Wheezing that interferes with your job
   YES / NO
   m. Chest pain when you breathe deeply
   YES / NO
   n. Any other symptoms that you think may be related to lung problems

5. Have you ever had any of the following cardiovascular or heart problems?
   YES / NO
   a. Heart attack
   YES / NO
   b. Stroke
   YES / NO
   c. Angina
   YES / NO
   d. Heart failure
   YES / NO
   e. Swelling in your legs or feet (not caused by walking)
   YES / NO
   f. Heart arrhythmia (heart beating irregularly)
   YES / NO
   g. High blood pressure
   YES / NO
   h. Any other heart problem that you’ve been told about

6. Have you ever had any of the following cardiovascular or heart problems?
   YES / NO
   a. Frequent pain or tightness in your chest
   YES / NO
   b. Pain or tightness in your chest during physical activity
   YES / NO
   c. Pain or tightness in your chest that interferes with your job
   YES / NO
   d. In the past two years have you noticed your heart skipping or missing a beat
   YES / NO
   e. Heartburn or indigestion that is not related to eating
   YES / NO
   f. Any other symptoms that you think may be related to heart or circulation problems
7. Do you currently take medications for any of the following problems?
   a. Breathing or lung problems
   b. Heart trouble
   c. Blood pressure
   d. Seizures (fits)

8. If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check the following space and go to question #9)
   a. Eye irritation
   b. Skin allergies or rashes
   c. Anxiety
   d. General weakness or fatigue
   e. Any other problem that interferes with your use of a respirator

9. Would you like to talk to the health care professional which will review this questionnaire about your answers to this questionnaire?

10. Have you ever lost vision in either eye (temporarily or permanently)?

11. Do you currently have any of the following vision problems?
   a. Wear contact lenses
   b. Wear glasses
   c. Color blind
   d. Any other eye or vision problem

12. Have you ever had an injury to your ears, including a broken ear drum?

13. Do you currently have any of the following hearing problems?
   a. Difficulty hearing
   b. Wear a hearing aid
   c. Any other hearing or ear problems

14. Have you ever had a back injury?

15. Do you currently have any of the following musculoskeletal problems?
   a. Weakness in any of your arms, hands, legs, or feet
   b. Back pain
   c. Difficulty fully moving your arms and legs
   d. Pain or stiffness when you lean forward or backward at the waist
   e. Difficulty fully moving your head up or down
   f. Difficulty fully moving your head side to side
   g. Difficulty bending at your knees
   h. Difficulty squatting to the ground
   i. Climbing a flight of stairs or a ladder carrying more than 25 lbs.
   j. Any other muscle or skeletal problem that interferes with using a respirator
16. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications)? If “YES” name the medications if you know them:

YES / NO

17. Have you had any change in your medical status since your last physical examination?
   If “yes” please explain:

YES / NO

18. Do you currently wear or use a respirator?
   “yes”, how often? (ie. 20% of each shift, 1 hour a week, 3 times a year, etc...)

YES / NO

19. Do you experience any health problems when you wear a respirator?
   If “yes” please explain:

20. Based on your health status, do you have any questions or concerns about wearing a respirator?
   If “yes” please explain:

Signature ________________________________ Date ________________

Print Name ________________________________

Reviewed by: ________________________________ Date: ________________
PERIODIC RESPIRATORY STATUS MEDICAL QUESTIONNAIRE

1. Name __________________________________________

2. At which of our clinics did you have your last physical?
   □ 1311 N. Shadetown Avenue
   □ 5603 W. Raymond Street
   □ 6349 S. East Street
   □ 7301 N. Georgetown Rd.
   □ 1919 N. Capital Avenue
   □ 3800 Westpoint Dr., Suite 100
   □ 1101 Southeastern Ave.
   □ On-Site • 050 N. Meridian Street, Suite 1200

3. Social Security No. ______________________________

4. Company / Plant _________________________________

5. Address _________________________________________

6. City, State, ZIP Code ______________________________

7. Telephone # _________________________________

8. Present Occupation ______________________________

9. Date __________________________________________

10. What is your marital status? □ Single □ Married □ Widowed □ Separated / Divorced

OCCUPATIONAL HISTORY

11. A. Have you ever worked full time (30 hours per week or more) for 6 months or more? □ Yes □ No
   If "yes" to 11A then:
   B. In the past year, did you work in any dusty jobs? □ Yes □ No □ Does Not Apply
   C. Was the dust exposure: □ Mild □ Moderate □ Severe
   D. In the past year, were you exposed to gas of chemical fumes in your work? □ Yes □ No
   E. Was the gas exposure: □ Mild □ Moderate □ Severe
   F. In the past year what was your:
      1. Job / Occupation ________________________________________
      2. Position / Job Title ________________________________________
      3. Did you have any exposure to asbestos? □ Yes □ No

RECENT MEDICAL HISTORY

12. A. Do you consider yourself to be in good health? □ Yes □ No □ Does Not Apply If "No" state reason __________
   B. In the past year have you developed:
      Epilepsy? □ Yes □ No
      Rheumatic Fever? □ Yes □ No
      Kidney Disease? □ Yes □ No
      Bladder Disease? □ Yes □ No
      Jaundice? □ Yes □ No
      Cancer? □ Yes □ No
      Diabetes? □ Yes □ No
      Does Not Apply

CHEST Colds AND CHEST ILLNESS

13. If you get a cold, does it usually go to your chest? □ Yes □ No □ Does Not Apply
      In the past year, have you had any chest illnesses
      □ Yes □ No □ Does Not Apply
      □ produce phlegm with any of these chest illnesses? □ Yes □ No □ Does Not Apply
      □ Number of illnesses □ No Such Illness

   — OVER —
**RESPIRATORY SYSTEM**

15. In the past year, have you had any of the following: [ ] Yes [ ] No

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<thead>
<tr>
<th>Condition</th>
<th>[ ] Yes</th>
<th>[ ] No</th>
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<tbody>
<tr>
<td>Asthma</td>
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<td>Bronchitis</td>
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<td>Emphysema</td>
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<td>Hay Fever</td>
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<td>Other Allergies</td>
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<td>Angina</td>
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<td>High Blood Pressure</td>
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**Do You Have?**

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<th>Condition</th>
<th>[ ] Yes</th>
<th>[ ] No</th>
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<tbody>
<tr>
<td>Frequent Colds</td>
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<tr>
<td>Chronic Cough</td>
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<td>Shortness of breath when walking</td>
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<td>or climbing a flight of stairs</td>
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**Do You:**

<table>
<thead>
<tr>
<th>Condition</th>
<th>[ ] Yes</th>
<th>[ ] No</th>
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</thead>
<tbody>
<tr>
<td>Wheeze</td>
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<tr>
<td>Cough Up Phlegm</td>
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<tr>
<td>Smoke Cigarettes</td>
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<td></td>
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<tr>
<td>Packs per day</td>
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</tbody>
</table>

Have you had a change in medical status since your last physical examination?  [ ] Yes  [ ] No
If "yes," please explain:

Do you currently wear or use a respirator?  [ ] Yes  [ ] No
If "yes," how often? (e.g. 20% of each shift, 1 hour a week, 3 times a year, etc. . . .)

Do you experience any health problems when you wear a respirator?  [ ] Yes  [ ] No
If "yes," please explain:

Signature: ____________________________ Date: ________________

Print Name: ____________________________

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**EXAMINATION PERFORMED AT THE CLINIC BELOW**

[Physical examination details]

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Terre Haute, IN 47803  
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