

PERIODIC RESPIRATOR USER QUESTIONNAIRE

29 CFR 1910.134(e)

Name (Last, First)	Social Security Number	Today's Date
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<p>Do you use a respirator for purposes other than 'for escape only'?</p> <p><i>If your answer is 'Yes', please answer questions 1 through 5 below.</i></p> <p><i>If your answer is 'No', you do not need to answer any other questions.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>1 Have you previously completed the full OSHA Respirator Medical Evaluation Questionnaire (Mandatory)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No*
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<p>2. Have you experienced medical signs or symptoms (difficulty breathing, chest pain or tightness, dizziness, claustrophobia, etc) that are related to your ability to use a respirator?</p>	<input type="checkbox"/> Yes* <input type="checkbox"/> No
<p>3. Has a Physician or other Licensed Health Care Provider, supervisor or your respirator program administrator informed you that your medical status, as regards your ability to use a respirator, needs to be reevaluated?</p>	<input type="checkbox"/> Yes* <input type="checkbox"/> No
<p>4. Has information from the respiratory protection program, including observations made during fit testing and program evaluation, indicated that your status should be reevaluated?</p>	<input type="checkbox"/> Yes* <input type="checkbox"/> No
<p>5. Has a change occurred in your workplace conditions (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on you?</p>	<input type="checkbox"/> Yes* <input type="checkbox"/> No

<p>* If you have answered 'No' to question 1, or 'Yes' to any of the questions numbered 2 through 5, please complete the full OSHA Respirator Medical Evaluation Questionnaire (Mandatory) and fax (281-363-9906) or send the completed questionnaire to Axiom Medical Consulting, LLC, 4840 W. Panther Creek Dr., Suite 106, The Woodlands, TX 77381. Upon receipt and review of your completed questionnaire, your respirator user status will be determined.</p>
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Employee's Signature	Date of Signature
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