

Prince William) HOSPITAL
OCCUPATIONAL HEALTH

**Respirator Clearance Physical Questionnaire
Employer Form**

**(To be completed by the employer prior to scheduling each employee for a
Respirator Clearance Physical)**

Instructions

1. Please answer all items. Do not leave anything blank.
2. Check all answers that apply.
3. On item V. "Type of Respirator," please specify the name and manufacturer of respirator used by the employee.
4. Please sign the form and include your telephone number. We may need to contact you for clarification purposes.
5. Please fax the completed form to 703-369-8603. If a form is incomplete, it will be returned and the employee will be scheduled only after the form is completed and returned to the Occupational Health Center.

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OCCUPATIONAL HEALTH

Respirator Clearance Physical Questionnaire Employer Form

In order to serve you better, please complete this form in its entirety and fax it to Occupational Health at 703-369-8603 prior to scheduling each employee for a Respirator Clearance Physical.

Please place a check mark in each box that applies:

I. Typical Work Activities

- | | |
|--|---|
| <input type="checkbox"/> Lift, push/pull | <input type="checkbox"/> Crawling |
| <input type="checkbox"/> Climb (ladders, stairs, ramps) | <input type="checkbox"/> Reaching (extending hands/arms in any direction) |
| <input type="checkbox"/> Balancing | <input type="checkbox"/> Handling (grasping, turning, holding) |
| <input type="checkbox"/> Stooping (bending) | <input type="checkbox"/> Fingering (picking, pinching, working w/fingers) |
| <input type="checkbox"/> Kneeling (one or both knees) | <input type="checkbox"/> Feeling (perceiving attributes of objects) |
| <input type="checkbox"/> Crouching (bending spine / legs) | |

II. Environmental Conditions

- | | |
|--|---|
| <input type="checkbox"/> Temperature (hot) | <input type="checkbox"/> High humidity |
| <input type="checkbox"/> Temperature (cold) | <input type="checkbox"/> Low Humidity |
| <input type="checkbox"/> Temperature (average) | <input type="checkbox"/> Average humidity |

III. Is the Respirator worn routinely or just in emergencies?

- Routinely
 Emergencies
 Both routinely worn and in emergencies

Explain: _____

IV. Frequency and duration of use

- | | |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Rare | <input type="checkbox"/> Frequent |
| <input type="checkbox"/> Occasional | <input type="checkbox"/> Often |
| <input type="checkbox"/> Intermediate | |

Explain: _____

