



Notice to Providers Regarding the Medical Examination Required Under the Environmental Protection Agency's Worker Protection Standards

FACHC has compiled the following resources from various sources to help Florida FQHCs understand the medical evaluation requirement under the revised Worker Protection Standards that took effect in January of 2017.

If you're located in an agricultural area, you may be contacted by growers or other employers about performing a medical evaluation on their employees.

Responsibility for payment resides with the employer. EPA guidance specifically states that "The medical evaluation must be done at no cost to the employee". It will be up to each FQHC to work out payment arrangements with employers requesting this examination for their employees.

This document includes the medical questionnaire the EPA requires employers and employees to complete before being approved to handle pesticides. The completed questionnaire should be presented to the provider at the beginning of the medical evaluation.

If you have further questions, contact Erin@fachc.org (850) 942-1822.

Pesticide Handlers: New Rules on Medical Evaluations and Determinations

[Editor's Note: In 2015, the Environmental Protection Agency updated its Worker Protection Standard, the primary set of regulations to protect agricultural workers on the job. The new WPS included important provisions to protect agricultural workers and pesticide applicators from pesticide exposure, among other protections. Many pieces of the newly revised WPS came into effect in January, 2017; others will be implemented in January 2018.]

Many provisions of the revised Worker Protection Standard came into effect in January, 2017. Among them were new provisions to protect the health of pesticide handlers. Pesticide handlers, broadly defined, are those who mix, load, or apply pesticides. Handlers are now required to undergo a one-time medical evaluation by a licensed health care provider and to complete respirator fit testing every year. The costs for the evaluation and fit testing are to be covered by the employer.

Medical Evaluation

Clinicians providing the medical evaluation determine whether the handler is physically able to use the required respirator needed for his/her job. The EPA outlines the requirements regarding the medical evaluation in its "How to Comply With the 2015 Revised Worker Protection Standard for Agricultural Pesticides," the complete guide to all the WPS changes.

"Using a respirator is very important for the safety of a pesticide handler, but, for handlers with certain health conditions like asthma or emphysema, a respirator could potentially injure the handler or exacerbate his or her health condition," said Ed Zuroweste, MD, Co-Chief Medical Officer of MCN. "The clinician must weigh the risk factors that may lead to injury, which include how often the handler will have to use the respirator, the conditions under which the respirator will be used, the type of respirator, and the severity of his or her health condition."

Under the new rules, the medical evaluation involves gathering information obtained from the handler as well as the handler's employer. The handler must present the provider with a questionnaire completed by the employer which details the specifics of the handler's job. In its guide, the EPA says

Handlers are now required to undergo a one-time medical evaluation by a licensed health care provider and to complete respirator fit testing every year.

the questionnaire outlines:

- The type and weight of respirator that the handler will use.
- How long and how frequently the handler will use the respirator.
- How much physical work the handler will do while using the respirator.
- Other PPE the handler will use.
- The temperature and humidity extremes of the working environment.

In addition to the form the employer completes, there is a confidential medical questionnaire detailing the handler's health conditions that needs to be completed by the handler. A questionnaire, developed by the Occupational Safety and Health Administration (OSHA), is accessible on MCN's website and meets EPA requirements. (See "Resources," below.) Ideally, the handler should complete the questionnaire during work hours, but as it is confidential, should not share the results with the employer, OSHA, or any other regulatory body. The questionnaire is only to be shared with the provider at the time of the medical evaluation. For agricultural workers for whom English is often not their first language, and who may not be able to read well, the handler may need help from the health care provider or clinic staff to complete the form.

The Provider's Determination

Once the provider has received and reviewed both questionnaires and seen the handler in the exam room, the provider may take a number of actions depending on the needs of the handler. The provider may order additional medical tests or procedures to further evaluate the handler, approve the

medical release, either with or without conditions, or refuse to sign the medical release.

If any follow-up tests or procedures are needed, the provider will wait until they are completed to fill out the forms. The provider then may approve the medical release with certain conditions, which may include a requirement of a re-evaluation after a specific period of time and/or restrictions on the handler's use of the respirator.

The medical release must contain the results of the medical evaluation, which the EPA details must include:

- Whether the employee is medically able to use a respirator;
- Any restrictions on the employee's use of the respirator;
- The need for follow-up medical evaluations; and
- Verification that the provider has given the employee a copy of the written medical determination.

In addition to the medical evaluation, the newly revised WPS requires annual respirator fit testing. The testing must be repeated annually or whenever there's a change — either in the type of respirator or physiologically for the handler. At that time, the respirator is also checked to assure the seals are still properly functioning. These tests are performed on-site and do not require the presence of a health care provider. ■

Resources

Visit MCN's "WPS Medical Evaluation Resources for Clinicians" page at <https://goo.gl/1kVYD4> to find the following three resources:

- "How to Comply With the 2015 Revised handler Protection Standard for Agricultural Pesticides: What Owners and Employers Need To Know," the Environmental Protection Agency's complete guide;
- "How to Comply..." excerpt on medical evaluation and fit testing;
- OSHA Respirator Medical Evaluation Questionnaire.

Learn more about the breadth of changes to the WPS on MCN's WPS page, <https://goo.gl/1HKYYM>.

Read the "Clinician's Guide to EPA's Worker Protection Standard," an updated guided created by MCN and Farmworker Justice, at <https://goo.gl/ZEWjGe>.

Medical evaluation 40 CFR 170.507(b)(10)(iii) & 29 CFR 1910.134

Using a respirator may place a physiological burden on handlers that could cause injury if the wearer has certain health problems or medical conditions. This burden varies with the type of respirator worn, the job and conditions in which the respirator is used, and the medical status of the handler.

A medical evaluation must be conducted to determine whether the handler is physically able to use a respirator before the handler is fit tested or required to use the respirator.

The handler employer must identify a physician or other licensed health-care professional (PLHCP) to perform the confidential medical evaluation using a medical questionnaire or exam. **The medical evaluation must be done at no cost to the employee.** The questionnaire may be provided by the PLHCP and must be based on OSHA's Part A of Appendix C to 1910.134. The questionnaire is also available in Spanish. See Appendix D: Contacts and Additional Resources.

Prior to providing the questionnaire to the handler, the handler employer must complete the following information for the PLHCP:

- The type and weight of respirator that the handler will use.
- How long and how frequently the handler will use the respirator.
- How much physical work the handler will do while using the respirator.
- Other PPE the handler will use.
- The temperature and humidity extremes of the working environment.

Handlers must complete a confidential medical questionnaire during normal working hours or at a time and place convenient to the handler.

The handler must understand the questions on the medical questionnaire. The handler employer must provide a telephone number for the PLHCP to the employee in case they have questions. ***The handler's responses to the medical questionnaire must not be reviewed by the handler employer and must be provided directly to the PLHCP.***

The PLHCP's final medical determination must be based on information covered by the questionnaire. This information can be obtained by evaluating written responses or by conducting a medical examination that covers all the areas included in the questionnaire. The handler must be given an opportunity to discuss the questionnaire and/or examination results with the PLHCP.

A PLHCP may include any medical tests, consultations, or diagnostic procedures that the PLHCP deems necessary to make a final determination.

The handler employer is responsible for any costs associated with these additional medical assessments. However, the employer has the option of not allowing the handler to undergo further evaluation. If that is the case, the employer cannot allow that handler to participate in any handler activities that require the use of a respirator.

The requirement for a medical evaluation applies to all respirators, regardless of the type, level of protection, or whether it is tight-fitting or loose-fitting.

The handler is to either deliver the questionnaire directly to the PLHCP or seal it in an envelope and mail it directly to the PLHCP.

There are online services that conduct respirator medical evaluations. Be sure to select one that is qualified to operate in your state.

A medical evaluation is required one time unless another medical evaluation is required for any of the following reasons:

- The medical determination (medical release) is only good for a specified length of time (often 1, 2 or 3 years).
- The employee reports medical signs or symptoms related to respirator use.
- The PLHCP, a supervisor, or the program administrator recommends a re-evaluation.
- Fit-test or other program information indicates a need for re-evaluation.
- When changes in the workplace increase respiratory stress on an employee.
- The initial medical examination demonstrates the need for a follow-up medical examination.

The follow-up medical examination shall include any medical tests, consultations, or diagnostic procedures that the PLHCP deems necessary to make a final determination.

Documentation

The PLHCP will send the handler employer and the handler a written medical determination (medical release) of the medical evaluation results. A handler cannot use a respirator until this written medical determination is received allowing such use. The determination will include the following information:

- Whether the employee is medically able to use a respirator.
- Any restrictions on the employee's use of the respirator.
- The need for follow-up medical evaluations .
- Verification that the PLHCP has given the employee a copy of the written medical determination.

Recordkeeping

Maintain a copy of the written medical determination (medical release) for at least 2 years, or until a subsequent medical evaluation is conducted.

All other information regarding the medical evaluation is strictly confidential and is restricted to only the employee and the PLHCP.

Appendix C to 1910.134:OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee:

Can you read (circle one): Yes No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date: _____

2. Your name: _____

3. Your age (to nearest year): _____

4. Sex (circle one): Male Female

5. Your height: _____ ft. _____ in.

6. Your weight: _____ lbs.

7. Your job title: _____

8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): _____

9. The best time to phone you at this number: _____

10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes No

11. Check the type of respirator you will use (you can check more than one category):
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).

12. Have you worn a respirator (circle one): Yes No

If "yes," what type(s): _____

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month: Yes No
2. Have you ever had any of the following conditions?
- a. Seizures (fits): Yes No
 - b. Diabetes (sugar disease): Yes No
 - c. Allergic reactions that interfere with your breathing: Yes No
 - d. Claustrophobia (fear of closed-in places): Yes No
 - e. Trouble smelling odors (except when you had a cold): Yes No
3. Have you ever had any of the following pulmonary or lung problems?
- 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: Yes No
4. Do you currently have any of the following symptoms of pulmonary or lung illness?
- 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: Yes No
5. Have you ever had any of the following cardiovascular or heart problems?
- 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: Yes No
6. Have you ever had any of the following cardiovascular or heart symptoms?
- 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: Yes No
7. Do you currently take medication for any of the following problems?
- a. Breathing or lung problems: Yes No
- b. Heart trouble: Yes No
- c. Blood pressure: Yes No
- d. Seizures (fits): Yes No
8. Has your wearing a respirator caused any of the following problems? (If you've never used a respirator, check the following space ___ and go to question 9:)
- a. Eye irritation: Yes No
- b. Skin allergies or rashes: Yes No
- c. Anxiety that occurs only when you use the respirator: Yes No
- d. Unusual weakness or fatigue: Yes No
- e. Any other problem that interferes with your use of a respirator: Yes No
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes No
- Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.**
10. Have you ever lost vision in either eye (temporarily or permanently): Yes No
11. Do you currently have any of the following vision problems?
- a. Wear contact lenses: Yes No
- b. Wear glasses: Yes No
- c. Color blind: Yes No
- d. Any other eye or vision problem: Yes No
12. Have you ever had an injury to your ears, including a broken ear drum: Yes No
13. Do you currently have any of the following hearing problems?
- a. Difficulty hearing: Yes No
- b. Wear a hearing aid: Yes No
- c. Any other hearing or ear problem: Yes No
14. Have you ever had a back injury: Yes No
15. Do you currently have any of the following musculoskeletal problems?
- a. Weakness in any of your arms, hands, legs, or feet: Yes No
- b. Back pain: Yes No

- c. Difficulty fully moving your arms and legs: Yes No
- d. Pain or stiffness when you lean forward or backward at the waist: Yes No
- e. Difficulty fully moving your head up or down: Yes No
- f. Difficulty fully moving your head side to side: Yes No
- g. Difficulty bending at your knees: Yes No
- h. Difficulty squatting to the ground: Yes No
- i. Difficulty climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes No
- j. Any other muscle or skeletal problem that interferes with using a respirator: Yes No

Part B Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes No
 If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes No

If "yes," name the chemicals if you know them: _____

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

- a. Asbestos: Yes No
- b. Silica (e.g., in sandblasting): Yes No
- c. Tungsten/cobalt (e.g., grinding or welding this material): Yes No
- d. Beryllium: Yes No
- e. Aluminum: Yes No
- f. Coal (for example, mining): Yes No
- g. Iron: Yes No
- h. Tin: Yes No
- i. Dusty environments: Yes No
- j. Any other hazardous exposures: Yes No

If "yes," describe these exposures: _____

4. List any second jobs or side businesses you have: _____

5. List your previous occupations: _____

6. List your current and previous hobbies: _____

7. Have you been in the military services? Yes No
If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes No

8. Have you ever worked on a HAZMAT team? Yes No

9. 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): Yes No

If "yes," name the medications if you know them: _____

10. Will you be using any of the following items with your respirator(s)?
a. HEPA Filters: Yes No
b. Canisters (for example, gas masks): Yes No
c. Cartridges: Yes No

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?:
a. Escape only (no rescue): Yes No
b. Emergency rescue only: Yes No
c. Less than 5 hours per week: Yes No
d. Less than 2 hours per day: Yes No
e. 2 to 4 hours per day: Yes No
f. Over 4 hours per day: Yes No

12. During the period you are using the respirator(s), is your work effort:
a. Light (less than 200 kcal per hour): Yes No

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.
Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.

b. Moderate (200 to 350 kcal per hour): Yes No

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.
Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

c. Heavy (above 350 kcal per hour): Yes No

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.
Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and or equipment (other than the respirator) when you're using your respirator: Yes No

If "yes," describe this protective clothing and or equipment: _____

14. Will you be working under hot conditions (temperature exceeding 77 deg. F):Yes No

15. Will you be working under humid conditions:Yes No

16. Describe the work you'll be doing while you're using your respirator(s):

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the first toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift _____

Name of the second toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the third toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

The name of any other toxic substances that you'll be exposed to while using your respirator:

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

**Apéndice C: Cuestionario de Evaluación Médico obligado por la OSHA
(La agencia de seguridad y salud ocupacional)
Parte 29 CFR 1910.134 Mandatorio para Protección del Sistema Respiratorio**

Marque con un círculo para indicar sus respuestas a cada pregunta.

Para el empleado: Puede usted leer (circule uno): Sí o No

Su patrón debe dejarlo responder estas preguntas durante horas de trabajo o en un tiempo y lugar que sea conveniente para usted. Para mantener este cuestionario confidencial, su patrón o supervisor no debe ver o revisar sus respuestas. Su patrón debe informarle a quien dar o enviar este cuestionario para ser revisado por un profesional de sanidad con licencia autorizado por el estado.

Parte A. Sección 1. (Mandatorio). La siguiente información debe de ser proveida por cada empleado que ha sido seleccionado para usar cualquier tipo de respirador (escriba claro por favor).

1. Fecha : _____

2. Nombre: _____

3. Edad: _____

4. Su sexo (circule uno) Masculino o Femenino

5. Altura: _____ pies _____ pulgadas

6. Peso: _____ libras

7. Su ocupación, título o tipo de trabajo: _____

8. Número de teléfono al donde pueda ser llamado por un profesional de sanidad con licencia que revisara este cuestionario (incluya el área): _____

9. Indique la hora mas conveniente para llamarle a este numero: _____

10.)Le ha informado su patrón como comunicarse con el profesional de sanidad con licencia que va a revisar este cuestionario (circule una respuesta)?..... Sí o No

11. Anote el tipo de equipo protector respiratorio que va utilizar (puede anotar mas de una categoría)
a. _____ Respirador disponible de clase N, R, o P (por ejemplo: respirador de filtro mecánico, respirador sin cartucho)
b. _____ Otros tipos (respirador con cartucho químico, máscara con cartucho químico, máscara con manguera con soplador (PAPR), máscara con manguera sin soplador (SAR), aparato respiratorio autónomos (SCBA)).

12.)Ha usado algun tipo de respirador ?..... Sí o No
Si ha usado equipo protector respiratorio, que tipo(s) ha utilizado:

Parte A. Seccion 2. (Mandatorio): Preguntas del 1 al 9 deben ser contestadas por cada empleado que fue seleccionado a usar cualquier tipo de respirador. Marque con un circulo para indicar sus repuestas.

1.)Corrientemente fuma tabaco, o ha fumado tabaco durante el ultimo mes?..... Sí o No

2.)Ha tenido algunas de las siguientes condiciones medicas?
 - a. Convulsiones :.....Sí o No
 - b. Diabetes (azucar en la sangre):.....Sí o No
 - c. Reacciones alergicas que no lo deja respirar:.....Sí o No
 - d. Claustrofobia (miedo de estar en espacios cerrados):.....Sí o No
 - e. Dificultad oliendo excepto cuando ha cogido un resfriado:.....Sí o No

3.)Ha tenido algunas de los siguientes problemas pulmonares?
 - a. Asbestosis:..... Sí o No
 - b. Asma:..... Sí o No
 - c. Bronquitis cronica:..... Sí o No
 - d. Emfisema:..... Sí o No
 - e. Pulmonía:..... Sí o No
 - f. Tuberculosis:..... Sí o No
 - g. Silicosis:..... Sí o No
 - h. Neumotorax (pulmon colapsado):..... Sí o No
 - i. Cáncer en los pulmones:..... Sí o No
 - j. Costillas quebradas:..... Sí o No
 - k. Injuria o cirujía en el pecho:..... Sí o No
 - l. Algun otro problema de los pulmones que le ha dicho su medico:..... Sí o No

4.)Corrientemente tiene alguno de los siguientes síntomas o enfermedades en sus pulmones?
 - a. Respiración dificultosa Sí o No
 - b. Respiración dificultosa cuando camina rapido sobre terreno plano o subiendo una colina: Sí o No
 - c. Respiración dificultosa cuando camina normalmente con otras personas sobre terreno plano: Sí o No
 - d. Cuando camina normalmente en terreno plano se encuentra corto de resuello?..... Sí o No
 - e. Respiración dificultosa cuando se esta bañando o vistiendo:..... Sí o No
 - f. Respiración dificultosa que lo impede trabajar:..... Sí o No
 - g. Tos con flema:..... Sí o No
 - h. Tos que lo despierta temprano en la mañana:..... Sí o No
 - i. Tos que ocurre cuando esta acostado:..... Sí o No
 - j. Ha tosido sangre en el ultimo mes:..... Sí o No
 - k. Silbar o respirar con mucha dificultad:..... Sí o No
 - l. Silbar que lo impede trabajar:..... Sí o No
 - m. Dolor del pecho cuando respira profundamente:..... Sí o No
 - n. Otros síntomas que crea usted estar relacionados a los pulmones:..... Sí o No

5.)Ha tenido algunos de los siguientes problemas con el corazón?
 - a. Ataque cardiaco:..... Sí o No
 - b. Ataque cerebrovascular:..... Sí o No
 - c. Dolor en el pecho:..... Sí o No
 - d. Falla de corazón:..... Sí o No
 - e. Hinchazón en las piernas o pies (que no sea por caminar):..... Sí o No
 - f. Latidos irregulares del corazón:..... Sí o No
 - g. Alta presión:..... Sí o No
 - h. Algun otro problema cardio-vascular o cardiaco:..... Sí o No

6.)Ha tenido algunos de los siguientes síntomas causados por su corazón?
- a. Dolor de pecho frecuente o pecho apretado:..... Sí o No
 - b. Dolor o pecho apretado durante actividad física: Sí o No
 - c. Dolor o pecho apretado que no lo deja trabajar normalmente: Sí o No
 - d. En los últimos dos años ha notado que su corazón late irregularmente:..... Sí o No
 - e. Dolor en el pecho o indigestión que no es relacionado a la comida:..... Sí o No
 - f. Algunos otros síntomas que usted piensa ser causado por problemas de su corazón o de su circulación. Sí o No

7.)Esta tomando medicina por alguno de los siguientes problemas?
- a. Respiración dificultosa: Sí o No
 - b. Problemas del corazón:..... Sí o No
 - c. Alta presión :..... Sí o No
 - d. Convulsiones: Sí o No

8.)Le ha causado alguno de los siguientes problemas usando el respirador? (si no ha usado un respirador, deje esta pregunta en blanco__ y continúe con pregunta 9).
- a. Irritación de los ojos: Sí o No
 - b. Alergias del cutis o sarpullido: Sí o No
 - c. Ansiedad que ocurre solamente cuando usa el respirador:..... Sí o No
 - d. Debilidad, falta de vigor o fatiga des acostumbrada:..... Sí o No
 - e. Algun otro problema que le impida utilizar su respirador: Sí o No

9.)Le gustaría hablar con el profesional de sanidad con licencia autorizado por el estado que revisara este cuestionario sobre sus respuestas? Sí o No

Las preguntas del 10 al 15 deben ser contestadas por los empleados seleccionados para usar una máscara con cartucho químico o aparato respiratorio autónomo (SCBA). Los empleados que usan otro tipo de respirador no tienen que contestar estas preguntas.

10.)Ha perdido la vista en cualquiera de sus ojos (temporalmente o permanente):..... Sí o No

11.)Corrientemente tiene algunos de los siguientes problemas con su vista?
- a. Usa lentes de contacto: Sí o No
 - b. Usa lentes:..... Sí o No
 - c. Daltoniano (dificultad distinguiendo colores): Sí o No
 - d. Tiene algún problema con sus ojos o su vista: Sí o No

12.)Ha tenido daño en sus oídos incluyendo rotura del tímpano:..... Sí o No

13.)Corrientemente tiene uno de las siguientes problemas para oír?
- a. Dificultad oyendo: Sí o No
 - b. Usa un aparato para oír: Sí o No
 - c. Tiene algun otro problema con sus oídos o dificultad escuchando: Sí o No

14.)Se ha dañado o lastimado su espalda?..... Sí o No

15.)Tiene uno de los siguientes problemas de su aparato muscular or esqueleto?
- a. Debilidad en sus brazos, manos, piernas o pies : Sí o No
 - b. Dolor de espalda: Sí o No
 - c. Dificultad para mover sus brazos y piernas completamente: Sí o No
 - d. Dolor o engarrotamiento cuando se inclina para adelante o para atrás:..... Sí o No
 - e. Dificultad para mover su cabeza para arriba o para abajo completamente:..... Sí o No
 - f. Dificultad para mover su cabeza de lado a lado: Sí o No

- g. Dificultad para agacharse doblando sus rodillas: Sí o No
- h. Dificultad para agacharse hasta tocar el piso: Sí o No
- i. Dificultad subiendo escaleras cargando mas de 25 libras: Sí o No
- j. Alguno problema muscular o con sus huesos que le evite usar un respirador: Sí o No

Parte B - Las siguientes preguntas pueden ser agregadas al cuestionario a discrecion del profesional de sanidad con licencia autorizado por el estado.

1.)Esta trabajando en las alturas arriba de 5,000 pies o en sitios que tienen menos oxígeno de lo normal?

Sí o No

Si la respuesta es ASÍ@, se ha sentido mareado, o ha tenido dificultad respirando, palpitaciones, o cualquier otro síntoma que usted no tiene cuando no esta trabajando bajo estas condiciones:

Sí o No

2.)En el trabajo o en su casa, ha estado expuesto a solventes o contaminantes peligrosos en el aire (por ejemplo, humos, neblina o polvos) o ha tenido contacto del cutis con químicas peligrosas?

Sí o No

Escriba las químicas y productos con las que ha estado expuesto, si sabe cuales

son: _____

3.)Ha trabajado con los siguientes materiales o las condiciones anotadas abajo?:

a. Asbestos: Sí o No

b. Sílice (Limpiar mediante un chorro de arena): Sí o No

c. Tungsteno/Cobalto (pulverizar o soldadura): Sí o No

d. Berilio: Sí o No

e. Aluminio: Sí o No

f. Carbón de piedra (minando): Sí o No

g. Hierro: Sí o No

h. Estaño: Sí o No

i. Ambiente polvoriento: Sí o No

j. Otra exposicion peligrosa: Sí o No

Describe las exposiciones peligrosas:

4.)Tiene usted otro trabajo o un negocio aparte de este?

5. Apunte su previos trabajos:

6. Apunte sus pasatiempos:

7.)Tiene servicio militar?..... Sí o No

Si la respuesta es ASÍ@, ha estado expuesto a agentes químicos o biológicos durante entrenamiento o combate:

Sí o No

8.)Alguna vez ha trabajado en un equipo de HAZMAT (equipo respondedor a incidentes de materiales peligrosos con emergencia)?..... Sí o No

9.)Esta tomando alguna medicina que no haya mencionado en este cuestionario (incluyendo remedios caseros o medicinas que compra sin receta)? Sí o No

Si la respuesta es Así@, cuales son _____

10.)Va a usar algunas de las siguientes partes con su respirador?
a. filtros HEPA (filtro de alta eficiencia que remueve partículas tóxicas en la atmósfera): Sí o No
b. Canastillo (por ejemplo, máscara para gas): Sí o No
c. Cartuchos: Sí o No

11.)Cuántas veces espera usar un respirador?
a. Para salir de peligro solamente (no rescates): Sí o No
b. Recates de emergencia solamente: Sí o No
c. Menos de 5 horas *por semana*: Sí o No
d. Menos de 2 horas *por día*: Sí o No
e. 2 a 4 horas *por día*: Sí o No
f. Mas de 4 horas *por día*: Sí o No

12.)Durante el tiempo de usar el respirador, su trabajo es...?
a. **Ligero** (menos de 200 kcal por hora): Sí o No

Si la respuesta es Así@, cuanto tiempo dura la obra _____ horas _____ minutos

Ejemplos de trabajos ligeros: estar sentado escribiendo, escribiendo a máquina, diseñando, trabajando la línea de montaje, o estar parado gobernando un taladro o máquinas:

b. **Moderado** (200-350 kcal por hora): Sí o No

Si la respuesta es Así@cuanto tiempo dura en promedio por jornada _____ horas _____ minutos

Ejemplos de trabajos moderados : sentado clavando o archivando; manejando un camión o autobús en trafico pesado; estar de pie taladrando, clavando, trabajando la línea de montaje, o transfiriendo una carga (de 35 libras) a la altura de la cintura; caminando sobre tierra plana a 2 millas por hora o bajando a 3 millas por hora; empujando una carretilla con una carga pesada (de 100 libras) sobre terreno plano.

c. **Pesado** (mas de 350 kcal por hora): Sí o No

Si la respuesta es Así@cuanto tiempo dura en promedio por jornada _____ horas _____ minutos

Ejemplos de trabajos pesados: levantando cargas pesadas (mas de 50 libras) desde el piso hasta la altura de la cintura o los hombros; trabajando cargando o descargando; transpalar; estar de pie trabajando de albañil o demenzando moldes; subiendo a 2 millas por hora; subiendo la escalera con una carga pesada (mas de 50 libras).

13.)Va a estar usando ropa o equipo protectorio cuando use el respirador? Sí o No

Si la respuesta es Así@ describa que va a estar usando _____

14.)Va a estar trabajando en condiciones calurosas (temperatura mas de 77 grados F)? Sí o No

15.)Va a estar trabajando en condiciones húmedas? Sí o No

16. Describa el tipo de trabajo que va a estar usted haciendo cuando use el respirador.

17. Describa cualquier situación especial o peligrosa que pueda encontrar cuando este usando el respirador (por ejemplo, espacios encerrados, gases que lo puedan matar, etc.)

18. Provea la siguiente información si la sabe, por cada sustancia tóxica que usted va a estar expuesto cuando este usando el respirador(s):

Nombre de la primera sustancia tóxica _____

Máximo nivel de exposición por jornada de trabajo _____

Tiempo de exposición por jornada _____

Nombre de la segunda sustancia tóxica _____

Máximo nivel de exposición por jornada de trabajo _____

Tiempo de exposición por jornada _____

Nombre de la tercera sustancia tóxica _____

Máximo nivel de exposición por jornada de trabajo _____

Tiempo de exposición por jornada _____

El nombre de cualquier sustancia tóxica que usted va a estar expuesto cuando este usted usando el respirador _____

19. Describa alguna responsabilidad especial que usted va a tener cuando usted este usado el respirador(s) que pueda afectar la seguridad o la vida de otros (por ejemplo, rescate, seguridad).
