

Examination Protocol for Exposure to: RESPIRATOR WEAR

This form is subject to the Privacy Act Statement of 1974

Date	Patient Name	SSN	Unit
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IF EXAM TYPE IS	DO or COMPLETE THESE ITEMS
Initial/Baseline or Separation	OSHA Respiratory Medical Evaluation Questionnaire
Periodic	OSHA Respiratory Medical Evaluation Questionnaire (update)
All Types	Physician's notification regarding examination results. (Final action)

To the examining medical officer:

- ◆ You must follow-up any significant abnormality through to a physical diagnosis. Provide ICD codes.
- ◆ This protocol applies to all employees required to wear a respirator in the course of their work.
- ◆ Ensure that the patient is questioned about the following history or symptoms: past and current exposures to hazardous chemicals, fumes, and dusts; smoking and alcohol use history; any history of claustrophobia, asthma, angina, syncope, and other respiratory or cardiovascular disease.
- ◆ Ensure the patient is examined for the following possible signs: wheezing or other abnormal breath sounds, clubbing, and cardiac arrhythmias.
- ◆ You must address whether the employee has any detected medical conditions which would place him or her at increased risk of material health impairment from the required respirator use. Consider whether the employee's health will allow him or her to tolerate respirator wear.
- ◆ The employee should be medically removed from the workplace if any of the following are noted on the exam:
 - ▶ NOTE: There currently exists no consensus standard by which physicians may assess a worker's ability to wear a respirator. As a general rule, however, anyone with documented respiratory impairment of moderate to severe degree (FEV1 or FVC <70% of predicted) should not be routinely approved to wear a respirator. Asthmatics with normal or mildly impaired lung function should be evaluated based on the job requirements, but disapproval should be strongly considered for asthmatics that require regular medications to maintain airflow, or who have a history of airway reactivity or sensitization to extrinsic materials (dusts, fumes, vapors, or cold).
- ◆ If the patient is on multiple monitoring protocols, ensure each unique item is completed. However, it is not necessary to duplicate tests and forms.

Reviewing Authority Signature	Date
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