

# Health Screening Questionnaire for Respirator Users

RETURN TO (with your signature)

Department of Environmental Health and Safety  
355 King Street West, 5<sup>th</sup> Floor, Suite 101 Kingston  
Phone: 613-5332999 Email: [safety@queensu.ca](mailto:safety@queensu.ca)

Forms must be submitted online before appointment [www.queensu.ca/risk/safety/general/respirators](http://www.queensu.ca/risk/safety/general/respirators)

PERSONAL INFORMATION: Please Print

Name:		Department:	
Email:		Building:	
Job Title:		Workplace/ Day Phone Number:	
Supervisor:		Supervisor s Phone Number:	

List Airborne Hazards:

Asbestos	Dust	Biohazard
Silica	Vapour	Other _____
Isocyanates	Fume	

Supervisors MUST complete a hazard assessment to determine the hazard exposure and the occupational exposure limit (OEL) for each contaminant. No hazard can exceed 10x the OEL.

A. Types of Respirators you are required to use: (Check all applicable)





F. Queen s Department of Environmental Health & Safety Assessment:

Referral required to Health Care Professional?                      YES    NO

Environmental Health & Safety sSignature: \_\_\_\_\_ Date: \_\_\_\_\_

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G. Health Care Professional (HCP) Primary Assessment (if required) at Walsh & Associates Occupational Health Services, Ltd.

Assessment date: \_\_\_\_\_

Medical Respirator Clearance

Medically cleared for respirator ~~use~~ restrictions

Medically cleared for respirator ~~use~~ some specific restriction (explain):

\_ ] TJ - 31.301 - 1.145 Td [(H)-2.9(eal)-1.1(1qs)-8.1(pi)3.1(r)-1o ion (explain):

PPE compatible with respirator?	YES	NO
Has the respirator user shown competency during the fit test?	YES	NO
Fit Test Results:	PASS	FAIL

I attest that I have been fit tested and trained in the use of the respirator listed above. I had an opportunity to ask questions and have had them answered to my satisfaction. I understand and will comply with the following (cross out if not applicable):

- I have read and understood ~~SGS~~ Safety 05 on Respiratory Protection
- What type of hazard this respirator will protect me against when used ~~and its~~ limitations
- How to properly don this respirator, including testing for fit each time (must be clean shaven).
- How to properly doff this respirator ~~and~~ wash hands after storing or disposing ~~of~~ respirator as appropriate.
- How to clean, maintain, and store a reusable respirator (1/2 face or full face).
- When I should change the cartridges on a reusable respirator ~~and~~ how to dispose of them.
- How to dispose of a disposable respirator when it becomes wet, after wearing for ~~8 hours~~ remove it for any reason (whichever comes first)
- Confirmation after fit test has been completed ~~that~~ this respirator provides an acceptable level of comfort for the scope of work.
- That I should return to be tested within 2 years of this test or sooner if I experience a ~~greater~~ 10% than change in my body weight ~~or~~ a change in face shape for any reason (e.g. ~~due to~~ accident or dental work) or significant acne or facial scarring that may affect the fit of this respirator

\_\_\_\_\_  
Print Name of Fit tested person

\_\_\_\_\_  
Signature of Fit tested person