

UNIVERSITY OF SOUTH ALABAMA  
PRE-

## PRE-RESPIRATOR FIT TEST QUESTIONNAIRE

2. Have you ever had any of the following

## PRE-RESPIRATOR FIT TEST QUESTIONNAIRE

- lung problems
5. Do you currently take medication for any of the above conditions? Yes No  
If yes, please list \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. If you have used a respirator, have you ever had any of the following problems?
- |    |   |     |    |
|----|---|-----|----|
| a. | Eye irritation  | Yes | No |
| b. | Skin allergies or rashes  | Yes | No |
| c. | Anxiety   | Yes | No |
| d. | General weakness or fatigue                                     | Yes | No |
| e. | Any other problem that interferes with your use of a respirator | Yes | No |
7. Have there been any changes in your medical history since your last Pre-Respiratory Fit Test questionnaire was completed? Yes No

Reviewed by:

\_\_\_\_\_  
Safety and Environmental Compliance

\_\_\_\_\_ Approved for respirator fit test.

\_\_\_\_\_ Further medical evaluation is requested.

# PRE-RESPIRATOR FIT TEST QUESTIONNAIRE