

# Recruit Program



## OSHA Guidance For Medical Exam and Medical Questionnaire

29CFR1910.134

January 2014

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## **Occupational Safety & Health Administration:**

### **1910.134, Respiratory Protection Program Guidelines**

- A. *Medical Evaluation.* CSHOs assigned to tasks that require the use of a respirator must be physically able to perform the work while using a respirator. Accordingly, CSHOs must be able to tolerate the physical and psychological stress imposed by respirator use, as well as the physical stress originating from job and workplace conditions.
1. *Purpose.* The purpose of a medical evaluation is to determine if CSHOs can tolerate the physiological burden associated with respirator use, including: the burden imposed by the respirator itself (e.g., its weight and breathing resistance during both normal operation and under conditions of filter, canister, or cartridge overload); musculoskeletal and cardiopulmonary stress (e.g., when the respirator to be worn is an SCBA); limitations on hearing, sight, or smell; and isolation from the workplace environment. Since certain jobs and workplace conditions in which a respirator is used can also impose a physiological burden on the user, the medical evaluation must also consider the following factors: type and weight of the respirator to be worn; duration and frequency of respirator use; expected physical work effort; use of protective clothing and equipment to be worn; and temperature and humidity extremes that may be encountered.
  2. *Respirator Wear Evaluation.* CSHOs must be medically evaluated and found eligible to wear the respirator selected for their use prior to fit testing and first-time use of the respirator in the workplace.
  3. *Medical Eligibility Determination.* Medical eligibility is to be determined by adhering to the following OSHA programs:
    - CSHO Pre-employment Medical Examinations (OSHA Instruction PER 8-2.4), and
    - CSHO Medical Examinations (PER 8-2.5)

Both of these programs are medical evaluations that certify ability to use a respirator. The medical examination will be conducted by a physician experienced in occupational medicine. Regional Administrators and Area Directors are responsible for implementing the CSHO Medical Examination Program.

The CSHO pre-employment medical examination (PER 8-2.4) is required for new hires so that the Agency can determine if they are physically and medically capable of performing the essential duties of their position efficiently and without a hazard to themselves or others. The examination will be provided free of charge to the applicant. Failure to meet the required physical and medical qualifications will be considered disqualifying.



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A periodic CSHO medical examination is required for current OSHA employees in accordance with OSHA Instruction PER 8-2.5. Student trainees are covered under this program if their tenure with the Agency is expected to exceed a year from their initial (pre-employment) examination. Annual examinations and any additional medical exam necessary will be scheduled by the Area Director/Supervisor and will be conducted during working hours.

The medical evaluation is designed to identify medical conditions that place CSHOs who use respirators at risk of serious medical consequences. Medical conditions known to compromise an employee's ability to tolerate respirator-, job-, and workplace-related physiological stress include: cardiovascular and respiratory diseases (e.g., a history of high blood pressure, angina, heart attack, cardiac arrhythmias, stroke, asthma, chronic bronchitis, emphysema); reduced pulmonary function caused by other factors (e.g., smoking or prior exposure to respiratory hazards); neurological or musculoskeletal disorders (e.g., ringing in the ears, epilepsy, lower back pain); impaired sensory function (e.g., perforated ear drums, reduced or absent ability to smell); and psychological disorders (e.g., claustrophobia and severe anxiety).

4. *Reevaluation of CSHO Ability to Use a Respirator.* In addition to the annual medical evaluation there are a number of circumstances that may require reevaluating a CSHOs ability to use a respirator. Medical reevaluations will be provided under the following conditions: when the CSHO reports medical signs or symptoms that are relevant to the CSHOs ability to use a respirator; when OSHA management informs the examining physician that a CSHO needs to be reevaluated; when information from the respirator program, including observations made during fit testing or program evaluation, indicates a need for CSHO reevaluation; or when a change in workplace conditions occurs (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on a CSHO.
5. *Reporting Results of Examinations.* The examining physician must forward to the Office of Occupational Medicine the results of the medical examination. The Office of Occupational Medicine will review the findings of the examination and determine whether or not the CSHO is fit to use a respirator. In addition, the examining physician will generate a personal medical report for each CSHO/applicant examined and mail a copy to their private residence within 15 working days of the date of the examination.



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**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: **Firefighter**
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): \_\_\_\_\_  
 \_\_\_\_\_



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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: **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: **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**



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- 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**
  - d. 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: **Yes/No**
8. If you've used a respirator, have you *ever had* 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: **Yes/No**
  - d. General 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**



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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. 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**



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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.



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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):

\_\_\_\_\_