

(OSHA29CFR1910.134 App C)

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: \_\_\_\_\_



a. Heart attack: Yes/No

e. Swelling in your legs or feet (not caused by walking): Yes/No

b. Stroke: Yes/No

f. Heart arrhythmia (heart beating irregularly): Yes/No

c. Angina: Yes/No

g. High blood pressure: Yes/No

d. Heart failure: 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



b. Silica (*e.g.*, in sandblasting): Yes/No

g. Iron: Yes/No

c. Tungsten/cobalt (*e.g.*, grinding or welding this material): Yes/No

h. Tin: Yes/No

d. Beryllium: Yes/No

i. Dusty environments: Yes/No

e. Aluminum: Yes/No

j. Any other hazardous exposures: Yes/No

If "yes," describe these exposures: \_\_\_\_\_

\_\_\_\_\_

4. List any second jobs or si



