

Medical Fitness Status Form

Name _____ Dept. _____ Ext. _____

Date of last respirator fitness medical examination _____ Location _____

Please review the list of medical signs, symptoms and conditions below.

MEDICAL CONDITIONS

Respiratory:

Allergies which affect respiratory system	Tuberculosis
Asbestosis	Silicosis
Asthma	Pneumothorax (collapsed lung)
Chronic bronchitis	Lung cancer
Emphysema	Lung injuries/surgeries/problems
Pneumonia	

Cardiovascular

Heart Attack	High blood pressure
Stroke	Congestive heart failure
Heartburn/indigestion (chronic)	Other heart conditions

Other:

Claustrophobia	Trouble smelling odors
Hearing Impairment	Broken ribs
Diabetes	Chest injuries/surgeries/problems

MEDICAL SYMPTOMS

Breathing:

Breathing Difficulties	SOB upon exertion (e.g., walking up stairs, etc.)
Shortness of breath (SOB)	Wheezing (labored, noisy breathing)

Coughing:

Coughing	Coughing up blood
Productive cough (brings up sputum)	Chest pain
Heavy coughing while prone (lying down)	

Cardiovascular

Frequent chest pain/tightness	Swelling in legs/feet
Angina (chest pain)	Heart skipping/missing beats
Heart arrhythmia	Heartburn/indigestion (chronic)

Taking medications for...

Breathing/lung problems	Blood pressure regulation
Heart trouble	Epilepsy (or other seizure activity)

I have reviewed ALL of the symptoms and conditions listed above. I HAVE / HAVE NOT(circle one) experienced ANY of the symptoms or conditions listed above SINCE MY LAST RESPIRATOR MEDICAL EVALUATION.

Signature _____ Date _____

NOTE

If you have experienced ANY of the above symptoms or conditions SINCE YOUR LAST RESPIRATOR MEDICAL EXAMINATION, EH&S will contact your supervisor to schedule you for a repeat MEDICAL EVALUATION. From now until MEDICAL RE-QUALIFICATION occurs, you may not wear a respirator.