Legacy Health

Instructions for employers

Respiratory medical surveillance form

Employers, please use our Business Health Services (BHS) forms, not the forms from the OSHA website, when helping to prepare your employees for a respirator fit test.

Our BHS forms give our health providers important additional information so they can decide if a respirator is appropriate for the applicants.

The BHS form also includes a "record and report" section, which includes a very important portion for the employer along with the "report section," where our health practitioners write "pass" or "fail."

Please always instruct your employee(s) to fill out their portion of the form completely. It must include a complete address, a date of birth and your company name.

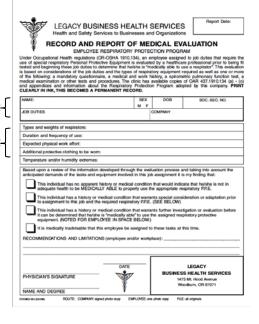
The portion filled out by your employee is confidential, which means you must give your employee an envelope labelled with their name. Instruct them to place the finished form in the envelope, seal it and return it to you. You may then forward it on to BHS.

The completed form is a necessary first step for the respirator fit test, and must be received and reviewed by BHS providers prior to your employee's appointment.

Our health providers use the form to determine whether an individual can safely wear a respirator. If the answer is "yes," the next step is a respirator fit test. If, however, the provider has questions or concerns, the employee may be asked to make an appointment for a follow-up medical evaluation which may include medical tests or diagnostic procedures per the OSHA Respiratory Protection Standard.

You may also stop by the BHS office or call 971-983-5340 to request a copy of the forms in either English, Spanish or both. Please make copies for future use.

Employer Form



Employee Form

EMPLOYEE NAME (L, F, MI)		SOC, SEC, NO.		SEX	F	AGE TO THE NEAREST YEAR	EBRTH YEAR		
HOME ADDRESS:	CITY:	STATE:	ZIP:	HEIGHT	WEBG	HT _Bs	TELEPHONE WH	ERE YOU CAN THE EVALUATO	
EMPLOYER / COMPANY:			JOB REQUIRING RESPIRATOR				BEST TIME TO PHONE YOU		
This Questionnaire is employees using respireviewed by a physician pulmonary function test	ators to pr who will e	otect their I	health are m medical abil	edically able by. In some of	to prop	erty	do so. This inf	ormation will	
This evaluation will be relephone number are p			identified on	page 6 of th	is form,	The	physician's nar	ne, address a	
This evaluation is requi Please answer each quand is not released to (please printil)	estion hor	estly and t	o the best of	your ability.	The infi	ormal	ion you provid	e is confident	
PART A, SECTION 1 (I	MANDATOR	RY)							
A. Has your employer t this Questionnaire? (circle) Yes	old you or i	have you be	en told how	to contact the	health	care	professional wh	o will review	
B. Check the types of r	espirators	you will be u	using on this	job:					
■ Not resistant, Re	sistant or 0	Oil Proof filte	or disposable	mask;					
☐ Ha# or full face !	N, R or P C	artridge filte	or rousab l o m	rask;					
☐ Half or full face p	owered filt	er mask;							
☐ Half or full face :	supplied air	line mask;							
☐ Half or full face :	elf-contain	ed Breathin	g Apparatus.						
C. Have you worn a re-		he past? (ci	role) Yes	No					
If "yes"; what types?						_			
		v breathing	white using t	hese respirat	ors? (air	cle)	Yes No		
D. Did you experience If "yes", describe the									
If "yes", describe the PART A, SECTION 2 (difficulty_	RY) Questio		9 must be a	answere	d by	every employe	e who has be	
If "yes", describe the PART A, SECTION 2 (selected to use any type	difficulty_ MANDATO of respirar	RY) Questio tor (please o	circle):			,	,,,	e who has be	
If "yes", describe the PART A, SECTION 2 (selected to use any type 1. Do you currently sm 2. Have you ever had	MANDATO of respiral oke tobacc any of the	RY) Questic tor (please o	circle): ou smoked to	bacco in the	last mor	,	,,,		
If "yes", describe the PART A, SECTION 2 (selected to use any type 1. Do you currently sm 2. Have you ever had a. Seizures (fits)	MANDATO of respiral oke tobacc any of the	RY) Questic tor (please of o or have yo tollowing co	circle): ou smoked to nditions?	bacco in the	last mor	,	,,,		
If "yes", describe the PART A, SECTION 2 (selected to use any type 1. Do you currently sm 2. Have you ever had a. Seizures (fits b. Diabetes (su)	MANDATO of respiral oke tobacc any of the it par disease	RY) Questic for (please o o or have yo following co , sugar diab	oircle): ou smoked to nditions? etes):	Ves Yes	last mor	,	,,,		
If "yes", describe the PART A, SECTION 2 (selected to use any type 1. Do you currently sm 2. Have you ever had a. Seizures (fits)	MANDATO of respiral oke tobacc any of the ! : par disease ons that in ia (fear of c	RY) Questic tor (please o o or have yo tollowing co , sugar diab terfere with	circle): ou smoked to nditions? etes): your breathin	Ves Yes	No No	,	,,,		





Respirator Fit Test

Instruct employees to be clean-shaven for the respirator fit test, and to bring their mask with them. If their mask operates with a filter, the filter must also be made available to the BHS health provider at the time of the test.



Urine Drug Screen

Donors are required to bring a photo I.D. and to refrain from drinking fluids during the two hours prior to the test.



Audiometry (hearing test)

It is important to avoid loud noise exposure for at least 14 hours prior to a baseline or annual hearing test.

Inform employees that if they tend to have ear wax build-up to consult their personal physician for possible removal prior to testing. This is not typically an employer-paid expense. If you choose not to cover it, your employee should be prepared to pay their co-pay and submit charges to their health insurance company or, alternatively, pay cash at the time of their appointment with their personal physician.

If, at the time of the hearing test, the examiner is unable to visualize the eardrum due to ear wax build-up, the audiometric test will not be performed. The test must be rescheduled no less than 48 hours after ear wax removal. If there is ear congestion due to allergies or sinus or cold symptoms, the health providers at Business Health Services will determine the best timeframe for the hearing test.