### Part A. Section 1

<table>
<thead>
<tr>
<th>Date</th>
<th>Employee Name</th>
<th>Job Title</th>
<th>Date of Birth</th>
<th>Gender</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Phone Number</th>
<th>Do you wear glasses or contact lenses?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ft.____</td>
<td>In.____</td>
<td>( )</td>
<td>If yes, circle one: Yes</td>
</tr>
</tbody>
</table>

Are you color blind? Yes | No
Have you worn a respirator before? Yes | No
If yes, what type(s): 

### Part A. Section 2

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month? 
   - YES
   - NO

2. Do you have facial hair? 
   - YES
   - NO

3. Have you ever had any of the following conditions?
   - Seizures (fits)
   - Diabetes (sugar disease)
   - Allergic reactions that interfere with your breathing
   - Claustrophobia (fear of closed-in places)
   - Trouble smelling odors

4. Have you ever had any of the following pulmonary or lung problems?
   - Asbestosis
   - Asthma
   - Chronic bronchitis
   - Emphysema
   - Pneumonia
   - Tuberculosis
   - Silicosis
   - Pneumothorax
   - Lung cancer
   - Broken ribs
   - Any chest injuries or surgeries
   - Any other lung problem that you’ve been told about

5. Do you currently have any of the following symptoms of pulmonary or lung illness?
   - Shortness of breath
   - Shortness of breath when walking fast on level ground or walking up a slight hill or incline
   - Shortness of breath when walking with other people at an ordinary pace on level ground
   - Have to top for breath when walking at your own pace on level ground
   - Shortness of breath when washing or dressing yourself
   - Shortness of breath that interferes with your job
   - Coughing that produces phlegm (thick sputum)
   - Coughing that wakes you early in the morning
   - Coughing that occurs mostly when you are lying down
   - Coughing up blood in the last month
   - Wheezing
   - Wheezing that interferes with your job
   - Chest pain when you breathe deeply
   - Any other symptoms that you think may be related to lung problems (list)

6. Have ever had any of the following cardiovascular or heart problems?
   - Heart attack
   - Stroke
   - Angina
   - Heart failure
   - Swelling in your legs or feet (not caused by walking)
   - Heart arrhythmia (heart beating irregularly)
   - Heart arrhythmia (heart beating irregularly)
   - High blood pressure
7. Have you ever had any of the following cardiovascular or heart symptoms?

- Frequent pain or tightness in your chest
- Pain or tightness in your chest during physical activity:
- Pain or tightness in your chest that interferes with your job:
- In the past two years, have you noticed your heart skipping or missing a beat
- Heartburn or indigestion that is not related to eating:

Any other symptoms that you think may be related to heart or circulation problems (list)

8. Do you currently take medication for any of the following problems?

- Breathing or lung problems
- Heart trouble
- Blood pressure
- Seizures

List all medications you take including over-the-counter medications

9. If you’ve used a respirator, have you ever had any of the following problems? (If you’ve never used a respirator, check NO on this line and go to next question)

- Eye irritation
- Skin allergies
- Anxiety
- General weakness or fatigue

Any other problem that interferes with your use of a respirator (list)

10. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?

Referred for medical evaluation? Yes ☐ No ☐

Employee Printed Name

______________________________    ______________________
Employee Signature                    Date

Reviewer Signature                   Date

For Official Use Only

<table>
<thead>
<tr>
<th>QLFT Mask Fit Test Result</th>
<th>Respirator Assignment</th>
<th>Respirator Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saccharin    PASS ☐   FAIL ☐</td>
<td>N95 Disposable / Brand ________________</td>
<td>Small ☐</td>
</tr>
<tr>
<td>Bitter        PASS ☐  FAIL ☐</td>
<td>Reusable half facepiece</td>
<td>Medium ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Large ☐</td>
</tr>
</tbody>
</table>