UAB MEDICINE
EMPLOYEE HEALTH SERVICES

UAB MEDICINE EMPLOYEE
Initial N95 Respirator Use Form (IRUF)

Date: _____ Name (first and last): _____

Employee ID: _____ Blazer ID: _____ Last 6 digits of SSN: _____

Department: _____ Phone: _____

UAB E-Mail Address: _____
(If communication is needed, you will be contacted at your UAB e-mail address)

Supervisor: _____ Job Title: _____

DOB: _____ Male _____ Female _____ Height: _____ft. _____in Weight: _____ lbs

Describe your work that requires N95 respirator use: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS	YES	NO
1. Have you ever worn a respirator?	☐	☐
2. Do you currently smoke tobacco or have you smoked tobacco in the last month?	☐	☐
3. Have you ever had any of the following conditions:		
a. Seizures	☐	☐
b. Diabetes	☐	☐
c. Allergic reactions that interfere with your breathing	☐	☐
d. Claustrophobia	☐	☐
e. Trouble smelling odors	☐	☐
4. Have you ever had any of the following pulmonary or lung problems:		
a. Asbestosis	☐	☐
b. Asthma	☐	☐
c. Chronic bronchitis	☐	☐
d. Emphysema	☐	☐
e. Pneumonia	☐	☐
f. Tuberculosis	☐	☐
g. Silicosis	☐	☐
h. Pneumothorax (collapsed lung)	☐	☐
i. Lung cancer	☐	☐
j. Broken ribs	☐	☐
k. Any chest injuries or surgeries	☐	☐
l. Any other lung problems you have been told about	☐	☐
5. Do you currently have any of the following symptoms of pulmonary or lung illness:		
a. Shortness of breath	☐	☐
b. Shortness of breath when walking fast on level ground or up a slight hill	☐	☐
c. Shortness of breath when walking with other people at an ordinary pace on level ground	☐	☐

d. Have to stop for breathe when walking at your own pace on level ground	☐	☐
e. Shortness of breath when washing or dressing yourself	☐	☐
f. Shortness of breath that interferes with your job	☐	☐
g. Coughing that produces phlegm (thick sputum)	☐	☐
h. Coughing that wakes you early in the morning	☐	☐
i. Coughing that occurs mostly when you are lying down	☐	☐
j. Coughing up blood in the last month	☐	☐
k. Wheezing	☐	☐
l. Wheezing that interferes with your job	☐	☐
m. Chest pain when you breathe deeply	☐	☐
n. Any other symptoms that you think may be related to lung problems	☐	☐
6. Have you ever had any of the following cardiovascular or heart problems		
a. Heart attack	☐	☐
b. Stroke	☐	☐
c. Angina (chest pain)	☐	☐
d. Heart failure	☐	☐
e. Swelling in your legs or feet	☐	☐
f. Heart arrhythmia (irregular heart beat)	☐	☐
g. High blood pressure	☐	☐
h. Any other heart problems you have been told about	☐	☐
7. Have you had any of the following cardiovascular or heart symptoms		
a. Frequent pain or tightness in your chest	☐	☐
b. Pain or tightness in your chest during physical activity	☐	☐
c. Pain or tightness in your chest that interferes with your job	☐	☐
d. In the past two years have you noticed your heart skipping or missing a beat	☐	☐
e. Heartburn or indigestion that is not related to eating	☐	☐
f. Any other symptoms you think may be related to heart or circulation problems	☐	☐
8. Do you take medication for any of the following problems	☐	☐
a. Breathing or lung problems	☐	☐
b. Heart trouble	☐	☐
c. Blood pressure	☐	☐
d. Seizures	☐	☐
9. If you have used a respirator, have you ever had any of the following problems while wearing a N95 respirator		
a. I have never used a respirator (go to question 10)	☐	☐
b. Eye irritation	☐	☐
c. Skin allergies or rash	☐	☐
d. Anxiety	☐	☐
e. General weakness or fatigue	☐	☐
f. Any other problem that interferes with your use if a respirator	☐	☐
10. Will you be wearing a full-face piece respirator OR a self-contained breathing apparatus (SCBA)? If YES, UAB Hospital N95 Respirator Program will refer employee for further evaluation	☐	☐

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11. Would you like to talk to the health care professional who will review your answers on this form?	☐	☐

This Initial Respirator Use Form has been reviewed according to protocol and is deemed acceptable by the UAB Hospital Physician.

_____ _____

Employee Signature Date

_____ _____

Health Care Professional Approval Date