UAB MEDICINE

UAB HOSPITAL

UAB HOSPITAL EMPLOYEE
Initial N95 Respirator Use Form

ATTENTION New Employees: You <u>may not</u> have all information needed to complete this form. Please complete to the best of your ability.

☐ **UAB Hospital** ☐ **UAB Highlands** ☐ **The Kirklin Clinic**

Date: _____ **Name (first and last):** _____

Blazer ID: _____ **Last 4 digits of SSN:** _____

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

Job Title: _____ **Phone:** _____

Department: _____ **Supervisor:** _____

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

Describe your work that requires N95 respirator use: _____

_____

	YES	NO
1. Have you ever worn a N95 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 (fits)	☐	☐
B. Diabetes (sugar disease)	☐	☐
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 problem that you've been told about	☐	☐

	YES	NO
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 or incline……	☐	☐
C. Shortness of breath when walking with other people at an ordinary pace on level ground……..	☐	☐
D. Have to stop for breath 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……..	☐	☐
D. Heart failure……..	☐	☐
E. Swelling in your legs or feet……	☐	☐
F. Heart arrhythmia (heart beating irregularly)……	☐	☐
G. High blood pressure……	☐	☐
H. Any other heart problem that you've been told about……	☐	☐
7. Have you ever 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 that you think may be related to heart or circulation problems.....	☐	☐
8. Do you currently take medication for any of the following problems?		
A. Breathing or lung problems……	☐	☐
B. Heart trouble……	☐	☐
C. Blood pressure……	☐	☐
D. Seizures (fits)……..	☐	☐
9. If you've 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 rashes……..	☐	☐
D. Anxiety……	☐	☐
E. General weakness or fatigue……	☐	☐
F. Any other problem that interferes with your use of a respirator ……..	☐	☐

	YES	NO
10. Will you be wearing a full-face piece respirator OR a self contained breathing apparatus (SCBA)?	☐	☐

If YES, the UAB Hospital N95 Respirator Program will refer employee for further evaluation.

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 _____

When completed, bring Initial N95 Respirator Use Form with you to be fit-tested.

UAB Hospital Employee Health
Russell Wing- 1st floor across from Human Resources
RWUH Suite 101
1813 6th Avenue South
Birmingham, Alabama 35249-6508
Phone: (205) 996-9270
Fax: (205) 996-9274

The Kirklin Clinic Employee Health
John Whitaker Building
JNWB Suite 504
500 22nd Street South
Birmingham, Alabama 35205
Phone: (205) 801-8530
Fax: (205) 801-8430