EMPLOYEE RESPIRATOR USER SCREENING FORM

PART 1: RESPIRATOR USER INFORMATION

Name (first and last):		**Employee:**	
Department:		**Job Title**	
Contact Info	*BCIT Email:*	*BCIT Phone #*	

PART 2: CONDITIONS OF USE

ACTIVITIES requiring respirator use:	
FREQUENCY of respirator use:	☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐ Other:
EXERTION level during use:	☐ Light ☐ Moderate ☐ Heavy ☐ Other:
DURATION of respirator use per shift:	☐ <1/4 h ☐ >1/4 h ☐ >2 h ☐ Variable: ☐ Other:
TEMPERATURE during use:	☐ < 0°C ☐ 0 - 25°C ☐ > 25°C
Additional types of personal protective equipment required (specify):	
Estimated total weight of tools/equipment carried during respirator use:	Maximum: _____ Average: _____

PART 3: TYPES OF RESPIRATOR USED – CHECK ALL THAT APPLY

☐ N/R/P95 ☐ Half facepiece respirator ☐ Full facepiece respirator ☐ SCBA ☐ Airline ☐ Non-tight fitting (e.g. hood PAPR)
☐ Other (specify):

PART 4: RESPIRATOR USER'S HEALTH CONDITIONS

Check Yes or No box only. DO NOT specify. Medical information is NOT to be offered on this form.

a) Some conditions can seriously affect your ability to safely use a respirator. Do you have or do you experience any of the following or any other condition that could affect respirator use? *Shortness of breath* *Lung Disease* *Hypertension* *Neuromuscular Disease* *Temperature Sensitivity* *Panic Attacks* *Reduced Sense of Smell* *Unusual Skin Conditions* *Breathing Difficulties* *Chest Pain on Exertion* *Cardiovascular Disease* *Fainting Spells* *Claustrophobia/Height Fears* *Colour Blindness* *Reduced Sense of Taste* *Dentures* *Chronic Bronchitis* *Heart Problems* *Thyroid Problems* *Dizziness/Nausea* *Hearing Impairment* *Asthma* *Back/Neck Problems* *Other Conditions that may affect respirator use.* *Emphysema* *Allergies* *Diabetes* *Seizures* *Pacemaker* *Vision Impairment* *Unusual facial features* *Prescription medication that may affect respirator use*	☐ Yes ☐ No
b) Have you had previous difficulty while using a respirator?	☐ Yes ☐ No
c) Do you have any concerns about your future ability to use a respirator safely?	☐ Yes ☐ No
d) Have you ever had a severe adverse health reaction or condition while undergoing a fit testing process?	☐ Yes ☐ No

A "YES" answer to any of a), b), c), or d) indicates further assessment by a health care professional is required prior to respirator use unless PART 5 below applies to you. Notify your fit tester for next steps. You do not need to indicate specifically which of the above conditions apply or describe any of your personal health details.

PART 5: COMPLETE THIS SECTION ONLY IF YOU HAVE PREVIOUSLY GOT FIT TESTED AT BCIT AND WENT TO A HEALTH CARE PROFESSIONAL FOR AN ASSESSMENT

If you've previously been fit tested for the same style of respirator and a healthcare professional has assessed your suitability based on your health conditions and the conditions have not changed, you do not need another assessment.	☐ My condition has not changed, so I do not require a new assessment by a health care professional. ☐ My condition has changed, or I have a new condition, so I require a new assessment by a health care professional.

Signature of respirator user: **Date:**

SUBMIT COMPLETED COPY OF THIS FORM TO LALEH ZAEEMZADEH (laleh_zaeemzadeh@bcit.ca) PRIOR TO YOUR FIT TEST APPOINTMENT

CC SSEMHSE@BCIT.CA ON ALL SCREENING FORM SUBMISSIONS