Medical Clearance Questionnaire for Donning N95 Masks  
(Taken from Appendix B of Cal/OSHA’s Aerosol Transmissible Diseases Standard – Section 5199)

To the Healthcare Provider: Answers to questions in Section 1, and to question 6 in Section 2 do not require a medical examination. Employees must be provided with a confidential means of contacting the health care professional who will review this questionnaire.

To the employee: Can you read and understand this questionnaire (circle one): Yes No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Section 1. The following information must be provided by every employee who has been selected to use any type of respirator (please print).

Name: ___________________________ Date: ___________________________
Job Title: ___________________________
Age (to nearest year): ___________________________ Gender: ___________________________
Height: ______ ft. _______ in.   Weight: ______ lbs.
Phone number where you can be reached (include the Area Code): ___________________________
The best time to phone you at this number: ___________________________
Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes No

Check the type of respirator you will use (you can check more than one category):
☐ N95
☐ Other type: ___________________________

Have you worn a respirator (circle one): Yes No
If "yes," what type(s): ___________________________

Section 2. Questions 1 through 6 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Have you ever had any of the following conditions?
   - Allergic reactions that interfere with your breathing:
     Yes No
     What did you react to? ___________________________
   - Claustrophobia (fear of closed-in places)
     Yes No

2. Do you currently have any of the following symptoms of pulmonary or lung illness?
   - Shortness of breath when walking fast on level ground or walking up a slight hill or incline:
     Yes No
   - Coughing that produces phlegm (thick sputum):
     Yes No
   - Coughing up blood in the last month:
     Yes No
- Have to stop for breath when walking at your own pace on level ground:
  Yes   No
- Wheezing that interferes with your job:
  Yes   No
- Chest pain when you breathe deeply:
  Yes   No
- Shortness of breath that interferes with your job:
  Yes   No
- Any other symptoms that you think may be related to lung problems:
  Yes   No

3. Do you currently have any of the following cardiovascular or heart symptoms?
- Frequent pain or tightness in your chest:
  Yes   No
- Pain or tightness in your chest during physical activity:
  Yes   No
- Pain or tightness in your chest that interferes with your job:
  Yes   No
- Any other symptoms that you think may be related to heart or circulation problems:
  Yes   No

4. Do you currently take medication for any of the following problems?
- Breathing or lung problems:
  Yes   No
- Heart trouble:
  Yes   No
- Nose, throat or sinuses:
  Yes   No
- Are your problems under control with these medications:
  Yes   No

5. If you've used a respirator, have you ever had any of the following problems while respirator is being used?
(If you've never used a respirator, check the following space and go to question 6:)________
- Skin allergies or rashes:
  Yes   No
- Anxiety:
  Yes   No
- General weakness or fatigue:
  Yes   No
- Any other problem that interferes with your use of a respirator:
  Yes   No

6. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire:
  Yes   No

__________________________________________________________________________

Employee Signature  Date  PLHCP Signature  Date