

RESPIRATOR MEDICAL

Name: _____

Employee #: _____ DOB: _____ Date: _____

Contractor: _____

COMMENTS: Ask Claustrophobics about avoidance behaviors

PACKAGE: RESPIRATOR MEDICAL EVALUATION

E05

_____ History: Review of Respirator Questionnaire

REFLEXIVE TESTING:

Internal Medicine Concerns:

Testing Required (check if performed):

Restrictive lung disease (by history)	▶ _____ Spirometry	A56
Shortness of breath that interferes with work	▶ _____ Spirometry	A56