Answer all questions stated below. Any YES answer will automatically be referred to the Occupational Health for reevaluation: (1910.134(e)(7)(ii))

1. Do you have or have you developed in the past year any symptoms of pulmonary or lung illness (such as, shortness of breath, chest pains, coughing phlegm or blood, or any diagnosed illness)?
   YES ____ NO ____ (1910.134(e)(7)(i))

2. Do you have or have you developed in the past year any adverse cardiovascular or heart symptoms (such as, frequent chest pains or tightness, skipped or missed beats, heartburn not related to eating)?
   YES ____ NO ____ (1910.134(e)(7)(i))

3. Are there any changes in your work environment or task that involves respirator use that increases the physiological burden on you (such as, temperature increase, additional protective clothing, or PPE, etc.)?
   YES ____ NO ____ (1910.134(e)(7)(iv))

4. Do you feel you need to see a physician about any respiratory medical problems that may affect your ability to wear a respirator?
   YES ____ NO ____

5. Have you gained or lost approximately 10% of your body weight since your last fit test?
   YES ____ NO ____ What is your present weight? ______ lbs.

6. Have there been any change in the size or shape of neck, head, or mouth:
   YES ____ NO ____

7. Have you had issues with Claustrophobia (fear of closed-in places) in the past year?
   YES ____ NO ____

EMPLOYEE SIGNATURE: __________________________________________

DATE: ________________________________