

University of Massachusetts Medical School
Respirator Fitness Determination

Name: _____

Graduating Class: _____ Date of Birth _____ / _____ / _____

Questionnaire to determine fitness to wear a NIOSH approved respirator. Please check each item **YES** or **NO**. If you check **YES**, please provide an explanation. All questions must be answered.

Any questions can be addressed to Student Health Services @ studenthealth@ummhc.org

1. Have you worn a respirator before? _____ No _____ Yes
(what type/for what purpose?) _____
2. Have you had problems wearing a respirator? _____ No _____ Yes Explain _____
3. Do you have claustrophobia or anxiety problems that would make wearing a mask difficult for you? _____ No _____ Yes
4. Do you have a beard or mustache? _____ No _____ Yes Explain _____
5. Do you have problems with your sense of smell? _____ No _____ Yes Explain _____
6. Do you have skin allergies? Other allergies? _____ No _____ Yes Explain _____
7. Do have any heart problems? (Angina, heart failure)? _____ No _____ Yes Are you symptomatic...edema, shortness of breath. _____
8. Do you have any lung disease (chronic cough, emphysema, asthma, infections, bronchitis)? _____ No _____ Yes
Are you symptomatic _____ Are you well controlled on medication? _____
9. Do you smoke? _____ No _____ Yes How many packs per day? _____ How many years? _____
Are you symptomatic with respiratory problems? _____
10. Do you have seizures? _____ No _____ Yes Are you well controlled on medication? _____
11. What prescription medications are you taking?

Student Signature: _____ Date: _____

Return the completed form to: STUDENTHEALTH@UMASSMEMORIAL.ORG

Student Health Services Use Only:

Approved for PAPR

Approved for tuberculosis respirator N-95 Mask

Awaiting further data, on medical hold

Not approved for respirator use