



# Western Respirator Record

Human Resources  
Health, Safety & Well-being  
*Your Health.*  
*Your Safety.*  
*Your Well-being.*  
hsw@uwo.ca

This form must be completed prior to a respiratory fitting.

Name: \_\_\_\_\_ Western ID#: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Department/Unit: \_\_\_\_\_

Reason for Respirator (tasks, the hazardous material you will be exposed to):

Bill to account number:

### User's Health Conditions

1. Some conditions can seriously affect your ability to safely use a respirator. Do you have, or do you experience any of the following, or do you have another condition which may affect respirator use? Yes No

Shortness of breath	Breathing difficulties	Chronic bronchitis	Emphysema
Lung disease	Chest pain or exertion	Heart problems	Allergies
Hypertension	Cardiovascular disease	Thyroid problems	Diabetes
Neuromuscular disease	Fainting spells	Dizziness/Nausea	Seizures
Temperature susceptibility	Claustrophobia/fear of heights	Hearing impairment	Dentures
Panic attacks	Colour blindness	Asthma	Pacemaker
Vision impairment	Reduced sense of smell	Reduced sense of taste	Back/Neck problems
Facial features/skin conditions			

2. Do you take prescription medication(s) to control a condition which you believe may affect respirator use? Yes No

3. Do you have any other medical condition(s) which you believe may affect respirator use? Yes No

4. Have you had previous difficulty using a respirator? Yes No

5. Do you have any future concerns about your ability to use a respirator safely? Yes No

A "Yes" answer to any of the above questions requires a further assessment by a Health Care Professional, and completion of the bottom section of this form **prior** to respirator use. **Note: no medical information is to be offered on this form.**

This section to be completed by Workplace Health, SSB 4159

This Employee/Student is fit for respirator: Yes No

Signature of Workplace Health Representative: \_\_\_\_\_

Date: \_\_\_\_\_