

# Medical Clearance Guidance Document

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## Guidance #1: Acceptable Use of an Electronic Medical Questionnaire System

Federal OSHA addresses this issue in an [August 16, 2002 Letter of Interpretation](#). An excerpt of this letter states the following:

“If the form (Appendix C of 1910.134) is to be the sole basis for evaluating an employee's ability to use a respirator, questions in Part A of the questionnaire must be asked to comply with 1910.134(e). All of the questions must be worded in the same manner as the questionnaire, but they can be in any format worded in the same manner as the questionnaire You must ask all the questions with each worded in the same manner as the Appendix in any form that you or a third party generates.

As you may know, the order of the questions can be changed and additional questions can be asked, if the Physician or other Licensed Health Care Practitioner (PLHCP) feels that these additional questions will help to determine an employee's ability to wear a respirator. The questions may also be presented and answered in electronic format and the completed form then provided to the PLHCP to be used in evaluating the employee.

In the plan you have described, your electronic questionnaire asks the same questions specified in Part A of Appendix C and adds follow-up questions provided by a Board Certified Occupational Medicine Physician. Instructions are provided to both the administrator and the employee prior to completing the form. The employee completes the form online, and the answers are sent directly to the physician for review. The physician reviews the answers provided by the employee. You have also made provisions for supplying the physician with the supplemental information required by paragraph 1910.134(e)(5). Contact information is provided if the employee wishes to talk to the physician who will be reviewing the form.

If the answers to the follow-up questions do not satisfy the physician, employees are provided a medical examination. When the physician is satisfied with the employee's ability to wear a respirator, the medical recommendation is mailed to both the employee and the employer. Appropriate safeguards ensure the confidentiality of the form and the evaluation. Assuming the procedures are followed for each employee, it appears that the procedures that you have described comply with the provisions of the standard.”

*[Note regarding the statement (last paragraph) in the letter: “Appropriate safeguards ensure the confidentiality of the form and the evaluation.” – It is important to stress that the actual medical evaluation requirements under 1910.134(e) are very specific about maintaining employee confidentiality. For example, the employer cannot review the questionnaire after the employee has completed the questions.]*

**Guidance #2: Employees must be medically evaluated prior to wearing respiratory protection for training exercises that require wearing a respirator.**

Federal OSHA addresses this issue in an [October 28, 2004 Letter of Interpretation](#). An excerpt of this letter states the following:

“Scenario: Your facility provides training for emergency response team members to practice their skills and fire fighting techniques. During training, each member wears a "Level C" hooded protective suit with a powered air purifying respirator (PAPR). The suit is worn in the same manner as a true event during the exercises.

Question: Do these trainees need to be medically evaluated prior to training?

Response: Yes, these trainees would need to be medically evaluated prior to the training exercises. Paragraph (e) of the respiratory protection standard (29 CFR 1910.134(e)) requires employees to be medically evaluated prior to being fit-tested and their initial use of a respirator. A medical evaluation must be performed on every employee required to use a respirator, regardless of the duration and frequency of respirator use.

The purpose of a medical evaluation program is to ensure that any employee required to use a respirator can tolerate the physiological burden associated with such use, including the burden imposed by the respirator itself; musculoskeletal stress; limitations on auditory, visual, and odor sensations; and isolation from the workplace environment.

Various medical conditions can compromise an employee's ability to tolerate the physiological burdens imposed by respirator use, thereby placing the employee at increased risk of illness,

injury, and even death. These medical conditions include cardiovascular and respiratory diseases, reduced pulmonary function caused by other factors (e.g., smoking or prior exposure to respiratory hazards), neurological or musculoskeletal disorders (e.g., ringing in the ears, epilepsy, lower back pain), and impaired sensory function (e.g., a perforated ear drum, reduced olfactory function). Psychological conditions, such as claustrophobia and severe anxiety, can also impair the effective use of respirators by employees and may also cause, independent of physiological burdens, significant elevations in heart rate, blood pressure, and respiratory rate that can jeopardize the health of employees who are at high risk for cardiopulmonary disease. For these reasons, a medical evaluation is required, even for the use of a PAPR.”

### **Guidance #3: Acceptability of removing filters before donning respirator as part of hands-on respirator training**

Federal OSHA has no formal written response to this practice. However, a very senior contact within the OSHA Headquarters Office (Office of Health Enforcement) provided a verbal response to this question. His response was that such a practice is “borderline” in terms of whether its “acceptable” or not. Removing the filters *reduces* breathing resistance, but does not completely eliminate the resistance.

### **Guidance #4: Medical Evaluation and Fit Testing**

If a training program is to include respirator fit testing, the medical evaluation obviously must be conducted before the fit testing takes place. OSHA, however, places the responsibility on the employer to ensure that the evaluation is completed before fit testing.

### **Guidance #5: ANSI Z88.2 (1992)**

The 1992 edition of ANSI Z88.2 is currently still the latest version as of January 2007. The medical evaluation in OSHA’s standard was modeled after the 1992 ANSI standard.

### **Guidance #6: ANSI Z88.6 (1984 and 2006)**

During the development of the medical evaluation in 1910.134(e), OSHA evaluated the 1984 edition of ANSI Z88.6. However, because the requirements in the 1984 edition were too general and not specific enough, OSHA did not use that standard.

ANSI Z88.6 (2006), however, was recently published and is available from the [AIHA](#). This new standard provides more detailed guidance to help medical professionals determine which workers should and should not be medically qualified to wear respirators. The “forward” of this standard also states that the standard “...presents a process that meets, and in many areas exceeds, the minimum requirements of the Occupational Safety and Health Administration’s (OSHA) Respiratory Protection Standard (the ‘federal standard’) 29 CFR 1910.134.”

As mentioned above, much of the information included in ANSI Z88.6 is for the benefit of the medical professionals who evaluate and classify the ability of workers to wear respirators. The guidance includes a medical questionnaire that includes all the questions that the OSHA questionnaire has plus additional questions on the risk of cardiac disease. Also, certain annexes at the end of the standard are helpful to medical professionals. Annex A addresses the importance of exercise stress testing (e.g., respiratory reserve is normally greater than circulatory system reserve; the heart and contributions of muscle can provide more of a limitation than the

lungs and blood). Annex C provides guidelines in the use of spirometry including specific criteria.

**Guidance #7: Section 19 of the Occupational Safety and Health Act**

[Section 19 of the OSHA Act](#) states, in part, “*It shall be the responsibility of the head of each Federal agency (not including the United States Postal Service) to establish and maintain an effective and comprehensive occupational safety and health program which is consistent with the standards promulgated under section 6. The head of each agency shall (after consultation with representatives of the employees thereof).*” Therefore, except when “alternative standards” are in place with a particular Federal agency, Federal agencies must follow OSHA standards. As a result, most Federal employees must have the same medical evaluation performed as employees of a private company. In addition, the US Postal Service must follow Federal OSHA standards.

**Guidance #8: DOE requires under Order 440.1 that contractor employees comply with OSHA standards and ANSI Z88.2 – Practices for Respiratory Protection**

DOE contractors must comply with OSHA’s respiratory protection standard and ANSI Z88.2. As mentioned before, 29 CFR 1910.134 and ANSI Z88.2 (1992) are generally the same. As a general rule, OSHA covers all private companies providing they have at least one employee. Therefore, in most cases, private contractors are covered by OSHA even if they are contracted with a Federal agency.

**Guidance #9: Department of Homeland Security (DHS) employees**

Similar to information addressed under Guidance #7, DHS also follows the Federal OSHA respiratory protection standard. This was verified through a DHS senior industrial hygienist.

## Copy of Federal OSHA Medical Questionnaire

**To the employer:**

Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

**To the employee:**

Can you read (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.

**Part A. Section 1. (Mandatory)**

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

1. Today's date: \_\_\_\_\_
2. Your name: \_\_\_\_\_
3. Your age (to nearest year): \_\_\_\_\_
4. Sex (circle one):    Male    Female
5. Your height: \_\_\_\_\_ ft. \_\_\_\_\_ in.
6. Your weight: \_\_\_\_\_ lbs.
7. Your job title: \_\_\_\_\_
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): \_\_\_\_\_
9. The best time to phone you at this number: \_\_\_\_\_
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes    No
11. Check the type of respirator you will use (you can check more than one category):
  - a. \_\_\_\_\_ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
  - b. \_\_\_\_\_ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
12. Have you worn a respirator (circle one): ..... Yes    No  
If "yes," what  
type(s): \_\_\_\_\_  
\_\_\_\_\_

**Part A. Section 2. (Mandatory)**

**Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle “yes” or “no”).**

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month: .. Yes No
  
2. Have you ever had any of the following conditions?
  - a. Seizures (fits): ..... Yes No
  - b. Diabetes (sugar disease):..... Yes No
  - c. Allergic reactions that interfere with your breathing: ..... Yes No
  - d. Claustrophobia (fear of closed-in places): ..... Yes No
  - e. Trouble smelling odors (except when you had a cold): ..... Yes No
  
3. Have you ever had any of the following pulmonary or lung problems?
  - a. Asbestosis: ..... Yes No
  - b. Asthma: ..... Yes No
  - c. Chronic bronchitis: ..... Yes No
  - d. Emphysema:..... Yes No
  - e. Pneumonia: ..... Yes No
  - f. Tuberculosis:..... Yes No
  - g. Silicosis: ..... Yes No
  - h. Pneumothorax (collapsed lung): ..... Yes No
  - i. Lung cancer: ..... Yes No
  - j. Broken ribs: ..... Yes No
  - k. Any chest injuries or surgeries:..... Yes No
  - l. Any other lung problem that you've been told about: ..... Yes No
  
4. Do you currently have any of the following symptoms of pulmonary or lung illness?
  - a. Shortness of breath: ..... Yes No
  - b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: ..... Yes No
  - c. Shortness of breath when walking with other people at an ordinary pace on level ground: ..... Yes No
  - d. Have to stop for breath when walking at your own pace on level ground: ..... Yes No
  - e. Shortness of breath when washing or dressing yourself: ..... Yes No
  - f. Shortness of breath that interferes with your job: ..... Yes No
  - g. Coughing that produces phlegm (thick sputum):..... Yes No
  - h. Coughing that wakes you early in the morning: ..... Yes No
  - i. Coughing that occurs mostly when you are lying down:..... Yes No
  - j. Coughing up blood in the last month: ..... Yes No
  - k. Wheezing: ..... Yes No
  - l. Wheezing that interferes with your job:..... Yes No
  - m. Chest pain when you breathe deeply: ..... Yes No
  - n. Any other symptoms that you think may be related to lung problems: ..... Yes No

5. Have you ever had any of the following cardiovascular or heart problems? ..... Yes No
- a. Heart attack: ..... Yes No
  - b. Stroke: ..... Yes No
  - c. Angina: ..... Yes No
  - d. Heart failure: ..... Yes No
  - e. Swelling in your legs or feet (not caused by walking): ..... Yes No
  - f. Heart arrhythmia (heart beating irregularly): ..... Yes No
  - g. High blood pressure: ..... Yes No
  - h. Any other heart problem that you've been told about: ..... Yes No
6. Have you ever had any of the following cardiovascular or heart symptoms?
- a. Frequent pain or tightness in your chest: ..... Yes No
  - b. Pain or tightness in your chest during physical activity: ..... Yes No
  - c. Pain or tightness in your chest that interferes with your job: ..... Yes No
  - d. In the past two years, have you noticed your heart skipping or missing a beat: . Yes No
  - e. Heartburn or indigestion that is not related to eating: ..... Yes No
  - f. Any other symptoms that you think may be related to heart or circulation problems: ..... Yes No
7. Do you currently take medication for any of the following problems?
- a. Breathing or lung problems: ..... Yes No
  - b. Heart trouble: ..... Yes No
  - c. Blood pressure: ..... Yes No
  - d. Seizures (fits): ..... Yes No
8. Has your wearing a respirator caused any of the following problems? (If you've never used a respirator, check the following space \_\_\_ and go to question 9:)
- a. Eye irritation: ..... Yes No
  - b. Skin allergies or rashes: ..... Yes No
  - c. Anxiety that occurs only when you use the respirator: ..... Yes No
  - d. Unusual weakness or fatigue: ..... Yes No
  - e. Any other problem that interferes with your use of a respirator: ..... Yes No
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: ..... Yes No

**Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.**

10. Have you ever lost vision in either eye (temporarily or permanently): ..... Yes No

11. Do you currently have any of the following vision problems?
- a. Wear contact lenses: ..... Yes No
  - b. Wear glasses: ..... Yes No
  - c. Color blind: ..... Yes No
  - d. Any other eye or vision problem: ..... Yes No
12. Have you ever had an injury to your ears, including a broken ear drum: ..... Yes No
13. Do you currently have any of the following hearing problems?
- a. Difficulty hearing: ..... Yes No
  - b. Wear a hearing aid: ..... Yes No
  - c. Any other hearing or ear problem: ..... Yes No
14. Have you ever had a back injury: ..... Yes No
15. Do you currently have any of the following musculoskeletal problems?
- a. Weakness in any of your arms, hands, legs, or feet: ..... Yes No
  - b. Back pain: ..... Yes No
  - c. Difficulty fully moving your arms and legs: ..... Yes No
  - d. Pain or stiffness when you lean forward or backward at the waist: ..... Yes No
  - e. Difficulty fully moving your head up or down: ..... Yes No
  - f. Difficulty fully moving your head side to side: ..... Yes No
  - g. Difficulty bending at your knees: ..... Yes No
  - h. Difficulty squatting to the ground: ..... Yes No
  - i. Difficulty climbing a flight of stairs or a ladder carrying more than 25 lbs: ..... Yes No
  - j. Any other muscle or skeletal problem that interferes with using a respirator: .... Yes No

**Part B**

**Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.**

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: ..... Yes No
- If “yes,” do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: ..... Yes No
2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: ..... Yes No
- If “yes,” name the chemicals if you know them: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:
  - a. Asbestos: ..... Yes No
  - b. Silica (e.g., in sandblasting): ..... Yes No
  - c. Tungsten/cobalt (e.g., grinding or welding this material): ..... Yes No
  - d. Beryllium: ..... Yes No
  - e. Aluminum: ..... Yes No
  - f. Coal (for example, mining): ..... Yes No
  - g. Iron: ..... Yes No
  - h. Tin: ..... Yes No
  - i. Dusty environments: ..... Yes No
  - j. Any other hazardous exposures: ..... Yes No

If "yes," describe these exposures: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. List any second jobs or side businesses you have: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. List your previous occupations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. List your current and previous hobbies: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Have you been in the military services? ..... Yes No  
 If "yes," were you exposed to biological or chemical agents (either in training or combat): ..... Yes No

8. Have you ever worked on a HAZMAT team? ..... Yes No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): ..... Yes No

If "yes," name the medications if you know them: \_\_\_\_\_

10. Will you be using any of the following items with your respirator(s)?
  - a. HEPA Filters: ..... Yes No
  - b. Canisters (for example, gas masks): ..... Yes No
  - c. Cartridges: ..... Yes No

11. How often are you expected to use the respirator(s) (circle “yes” or “no” for all answers that apply to you)?:
- a. Escape only (no rescue): ..... Yes No
  - b. Emergency rescue only: ..... Yes No
  - c. Less than 5 hours per week: ..... Yes No
  - d. Less than 2 hours per day: ..... Yes No
  - e. 2 to 4 hours per day: ..... Yes No
  - f. Over 4 hours per day: ..... Yes No

12. During the period you are using the respirator(s), is your work effort:
- a. Light (less than 200 kcal per hour): ..... Yes No

If “yes,” how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.

- b. Moderate (200 to 350 kcal per hour): ..... Yes No

If “yes,” how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

- c. Heavy (above 350 kcal per hour): ..... Yes No

If “yes,” how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and or equipment (other than the respirator) when you're using your respirator: ..... Yes No

If “yes,” describe this protective clothing and or equipment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Will you be working under hot conditions (temperature exceeding 77 deg. F): ..... Yes No

15. Will you be working under humid conditions: ..... Yes No

16. Describe the work you'll be doing while you're using your respirator(s):

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17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

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18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the first toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift \_\_\_\_\_

Name of the second toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

Name of the third toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

The name of any other toxic substances that you'll be exposed to while using your respirator:

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19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

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