



Health Screening Questionnaire for Respirator Users

RETURN TO (with your signature)

Department of Environmental Health and Safety
355 King Street West, 1st Floor, Suite 101, Kingston
Phone: 613-533-2999 Email: safety@queensu.ca
Forms must be submitted online before appointment



D. FOR PAPR Respirator, SCBA Respirator Users ONLY (for all other respirator types, proceed to section E):

Health Conditions:

This information is required to assess any medical conditions that you may have which preclude the wearing of a **Full Face Respirator, PAPR**



PPE compatible with respirator?	YES	NO
Has the respirator user shown competency during the fit test?	YES	NO
Fit Test Results:	PASS	FAIL

I attest that I have been fit tested and trained on the use of the respirator listed above. I had an opportunity to ask questions and have had them answered to my satisfaction. I understand and will [TJ9 669.96 Tforill -0(I)-10s