

N95 Respirator Medical Questionnaire – Ryerson Students- (2011)

This confidential form is prepared in compliance with Directive ACO 03-05 and C.S.A. Standard Z94.4-02 – Selection, Use, and Care of Respirators.

| | | |
|--|--|------------------|
| Name of Education Institution: | | |
| Name (last, first, middle): | Student ID no.: | Name of program: |
| Today's date: | Contact telephone number: Daytime: () | Evening: () |
| The best time to phone you at this number: Between and | | |

In the event that CHSS staff needs to contact you, we do need a phone, cell or pager number where you can be reached. If we can only reach you through your manager, please indicate this and be sure to include that phone number as well.

| | | |
|--|------------------------------|-----------------------------|
| 1. Have you ever worn a respirator? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - If 'yes', check which types: <input type="checkbox"/> N95 particulate respirator <input type="checkbox"/> Air purifying respirator | | |
| 2. If you have worn a respirator in the past did you have any difficulties? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - If 'yes', did you have: | | |
| - eye irritation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| - skin irritation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| - other, please describe: _____ | | |
| 3. Do you have trouble tasting? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you have asthma? (if you take medication for asthma, please remember to bring them with you) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you have any other lung or breathing problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - If 'yes', please indicate which ones you have: | | |
| 6a. Do you have any of the following medical conditions that might interfere with the use of a respirator? (please check those that apply) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Epilepsy or seizure disorder <input type="checkbox"/> High blood pressure | | |
| <input type="checkbox"/> Fainting spells <input type="checkbox"/> Heart problems | | |
| 6b. Besides the medical conditions listed in 6a, are you currently taking a prescription and/or over the counter medication with full symptoms that may interfere with wearing a respirator – such as: (please check those that apply) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Difficulties breathing <input type="checkbox"/> Heart problems | | |
| <input type="checkbox"/> Chest pain <input type="checkbox"/> Light headedness <input type="checkbox"/> Blackouts | | |
| 7. Do you have an allergic reaction that may interfere with your breathing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Do you have: | | |
| - latex sensitivity? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| - latex allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| - other allergies, please describe: | | |
| If you have indicated any medical concerns, you will be contacted by an Occupational Health Nurse from CHSS. | | |

Student Signature: _____ Witness: _____ Date: _____

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Instructions for Booking a Fit-Test Appointment (Students)

Corporate Health and Safety Services

2nd floor Shuter Wing, 30 Bond Street

Toronto, ON M5B 1W8

Telephone: (416) 864-6060 extension 6944

Fax: (416) 864-5405

Email: maskfitting@smh.toronto.on.ca

Please Read All Instructions before contacting the clinic for an appointment.

Step 1 (mandatory before proceeding any further):

- Fill out the N95 Questionnaire Form and sign the bottom.
- Make sure that you have clearly indicated your contact information on the form.
- You may obtain a copy of the questionnaire by:
 - Picking up a copy at Corporate Health and Safety Services (CHSS) room 2-053 Shuter (located on the 2nd floor of the Shuter-wing), or by
 - E-mailing the Fit-test Clinic at maskfitting@smh.toronto.on.ca

Step 2:

- Drop-off, mail or fax the completed questionnaire to CHSS

Step 3:

- After 48 hours, please phone the Fit Test Clinic at **(416) 864-6060 ext. 6944** or email to book your appointment. Please note that each appointment may take anywhere from 20 to 45 minutes.

Step 4 (day of your appointment):

- Arrive **10 minutes early**
- **20 minutes** before your appointment, **do not**:
 - eat
 - smoke
 - drink (you may only drink water)
 - chew gum

IMPORTANT: We will not perform respirator fit-testing under the following conditions:

1. If we have not received and cleared your N95 Respiratory Medical Questionnaire. Please ensure that it has been sent to Corporate Health & Safety Services prior to booking your appointment.
2. Students must be **CLEAN SHAVEN**. A proper seal with the respirator cannot be made if there is facial hair. Razors will be provided upon request.

Directions to the Fit-test Clinic:

- The Hospital is located on the intersection of Queen and Victoria Street
- Enter the Hospital through the Shuter St. entrance and take the Shuter elevator (immediately located to the right after entering and go to the 2nd floor
- Register for your appointment at the CHSS reception desk

