

What further evaluation and treatment were done? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following questions pertain to the ability to wear a respirator.  
Additional information for the physician can be found in The Respiratory Protective  
Devices Manual.

25. Have you ever been told by a doctor that you have asthma?

Yes

No

If yes, are you presently taking any medication for asthma? Mark all that apply.

Shots

Pills

Inhaler

26. Have you ever had a heart attack?

Yes

No

If yes, how long ago?

Number of years

Number of months

27. Have you ever had pains in your chest?

Yes

No

If yes, when did it usually happen?

While resting

While working

While exercising

Activity didn't matter