

**BUTTE COUNTY RESPIRATORY PROTECTION PROGRAM
MEDICAL QUESTIONNAIRE FOR VOLUNTEER FIRE FIGHTER RESPIRATOR USERS**

3. Have you ever had an injury to your ears, including a broken ear drum? If YES, include date of injury _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you currently have any of the following hearing problems	
a. Difficulty hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Wearing a hearing aid	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Any other hearing or ear problem	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever had a back injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you currently have any of the following musculoskeletal problems?	
a. Weakness in any of your arms, hands, legs or feet	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Back pain	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Difficulty moving your arms and legs	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Pain or stiffness when you lean forward	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Difficulty moving your head up or down	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Difficulty moving your head side to side	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Difficulty bending at your knees	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Difficulty squatting to the ground	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Climbing a flight of stairs or a ladder carrying more than 25 lbs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Any other muscle or skeletal problem that would interfere with using a respirator	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever had back surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you have any medical work restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
CERTIFICATION: I CERTIFY THAT I HAVE PROVIDED TRUE AND COMPLETE INFORMATION CONCERNING MY HEALTH	
VOLUNTEER FIRE FIGHTER SIGNATURE _____	DATE _____
REVIWER'S SIGNATURE _____	DATE _____