



**Public Health Department**

Cathy A. Raevsky, Director  
Andy Miller, M.D., Health Officer

**Health Clinic - Oroville**

78 Table Mountain Blvd  
Oroville, California 95965

T: 530.538.7341

F: 530.538.5294

**Health Clinic - Chico**

695 Oleander Ave  
Chico, CA 95928

T: 530.879.3665

F: 530.891.8743

[buttecounty.net/publichealth](http://buttecounty.net/publichealth)

**RESPIRATORY MEDICAL HISTORY REVIEW SHORT FORM**

NAME \_\_\_\_\_ DOB \_\_\_\_\_ DATE \_\_\_\_\_

Butte County Fire \_\_\_\_\_ Station # \_\_\_\_\_ OTHER \_\_\_\_\_

IF YOU ANSWER ANY QUESTIONS "YES" PLEASE EXPLAIN. INCLUDE ANY MEDICATIONS YOU MAY BE TAKING.

1. Have you developed any medical problems, signs or symptoms since completing the Medical Questionnaire for Respirator Use that relate to your ability to use a respirator? YES NO

2. Have you been treated for a heart or lung condition (Heart attack, pneumonia) in the past year? YES NO

4. Have you received information from the respiratory protection program, including observations made during fit testing and program evaluation, indicating a need for employee reevaluation? YES NO

5. Has there been a change in workplace conditions (physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on an employee? YES NO

6. Have you been informed by a health care provider, supervisor or the respirator program administrator that you need to be re-evaluated? YES NO

SIGNATURE & DATE OF WORKER: \_\_\_\_\_ DATE: \_\_\_\_\_