Student Information Sheet

Fill in the appropriate information.
Fax to registration support at 435-831-5654.

Prerequisites for participation:

Are you a U.S. citizen and a local or state responder being officially supported by your organization? If yes, continue the application process. If no, you may not participate in this training.
_____Yes _____No

Are you certified at the Hazardous Materials Technician level? If yes, certificate must be faxed along with the application. If no, you may not participate in this training.
_____Yes _____No

Have you attended the LSU Course PER-222 Sampling Techniques and Guidelines?
_____Yes _____No (Completion certificate must be faxed along with application)

Name: _____

Title: _____**Social Security Number:** _____

Date of Birth: _____**Height:** _____**Weight:** _____

Organization You Are Representing: _____

What is your job function for this organization: _____

_____

_____

_____

_____

Address: **Street:** _____

City: _____

State: _____ **Zip Code:** _____

Cell Phone: _____

Home Phone: _____ **Work Phone:** _____

Email address: _____

For additional information, contact registration support at 1-435-831-7497.

Fax to registration support at 435-831-5654.

Dugway Proving Ground Occupational Health Clinic
OSHA RESPIRATORY MEDICAL EVALUATION
MANDATORY QUESTIONNAIRE
(Please print. Black ink only)

Name: _____ **SSN** _____

Sex (circle one): M / F **DOB:** _____ **Height:** _____ in. **Weight:** _____ lb

Job Title _____ **Organization/Company:** _____

Allergies _____

(Mandatory Medical Questions)
(Circle one)

Have you worn a respirator or protective mask before; YES / NO
If "YES" what type(s)_____

1. Do you currently smoke tobacco, or have you ever smoked tobacco on a regular basis? YES / NO
   Pack History: _____

2. Do you have or ever had any of the following conditions?
   a. Seizures (fits): YES / NO
   b. Diabetes (sugar disease): YES / NO
   c. Allergic reactions that interfere with your breathing: YES / NO
   d. Claustrophobia (fear of closed-in places): YES / NO
   e. Trouble smelling odors: YES / NO

3. Do you have or ever had any of the following pulmonary or lung problems?
   a. Asbestosis: YES / NO
   b. Asthma: YES / NO
   c. Chronic bronchitis: YES / NO
   d. Emphysema: YES / NO
   e. Pneumonia: YES / NO
   f. Tuberculosis: YES / NO
   g. Silicosis: YES / NO
   h. Pneumothorax (collapsed lung): YES / NO
   i. Lung Cancer: YES / NO
   j. Broken ribs: YES / NO
   k. Any chest injuries or surgeries: YES / NO
   l. Any other lung problems that you've been told about: YES / NO

4. Do you currently have any of the following symptoms of pulmonary or lung illness?
   a. Shortness of breath: YES / NO
   b. Shortness of breath when walking fast on level ground of walking up a slight hill or incline: YES / NO
   c. Shortness of breath when walking with other people at an ordinary pace on level ground: YES / NO
   d. Do you have to stop for breath when walking at your own pace on level ground: YES / NO
   e. Shortness of breath when washing or dressing yourself: YES / NO
   f. Shortness of breath that interferes with your job: YES / NO
   g. Coughing that produces phlegm (thick sputum): YES / NO
   h. Coughing that wakes you early in the morning: YES / NO
   i. Coughing that occurs mostly when you are lying down: YES / NO
   j. Coughing up blood in the last month: YES / NO
   k. Wheezing: YES / NO
   l. Wheezing that interferes with your job: YES / NO
   m. Chest pain when you breathe deeply: YES / NO
   n. Any other symptoms that you think may be related to lung problems: YES / NO

OSHA RESPIRATORY MEDICAL EVALUATION
(Mandatory Medical Questions)

5. Have you ever had any of the following cardiovascular or heart problems?
   a. Heart Attack: YES / NO
   b. Stroke: YES / NO
   c. Angina: YES / NO
   d. Heart Failure: YES / NO
   e. Swelling in your legs or feet (not caused by walking): YES / NO
   f. Heart arrhythmia (heart beating irregularly): YES / NO
   g. High blood pressure. YES / NO
   h. Any other heart problems that you've been told about: YES / NO

6. Have you ever had any of the following cardiovascular or heart symptoms?
   a. Frequent pain or tightness in your chest: YES / NO
   b. Pain or tightness in your chest during physical activity: YES / NO
   c. Pain or tightness in your chest that interferes with your job: YES / NO
   d. In the past two years, have you noticed your heart skipping or missing a beat: YES / NO
   e. Heartburn or indigestion that is not related to eating: YES / NO
   f. Any other symptoms that you think may be related to heart or circulation problems: YES / NO

7. Do you currently take any medication for any of the following problems?
   a. Breathing or lung problems: YES / NO
   b. Heart trouble: YES / NO
   c. Blood pressure: YES / NO
   d. Seizures (fits): YES / NO

8. If you've used a respirator, have you had any of the following problems?
   (If you've never used a respirator, go to question # 9 :)
   a. Eye irritation: YES / NO
   b. Skin allergies or rashes: YES / NO
   c. Anxiety: YES / NO
   d. General weakness or fatigue: YES / NO
   e. Any other problem that interferes with your use of a respirator: YES / NO

9. Do you currently have any of the following vision problems?
   a. Have you ever lost vision in either eye (temporarily or permanently): YES / NO
   b. Wear contact lenses: YES / NO
   c. Wear glasses YES / NO
   d. Color blind: YES / NO
   e. Any other vision problems: YES / NO
   f. Had vision correction surgeries: YES / NO

10. Do you have or ever had any of the following hearing problems?
   a. Have you ever had and injury to your ears, including a broken eardrum: YES / NO
   b. Difficulty hearing: YES / NO
   c. Wear a hearing aid: YES / NO
   d. Any other hearing or ear problems: YES / NO

11. Do you have or ever had any of the following musculoskeletal problems?
   a. Had a back injury: YES / NO
   b. Back pain: YES / NO
   c. Pain or stiffness when you lean forward or backward at the waist: YES / NO
   d. Difficulty moving your head up and down: YES / NO
   e. Difficulty moving your head side to side: YES / NO
   f. Difficulty fully moving your arms and legs: YES / NO
   g. Weakness in any of your arms, hands, legs or feet: YES / NO
   h. Difficulty bending at your knees: YES / NO
   i. Difficulty squatting to the ground: YES / NO
   j. Climbing a flight of stairs or ladder carrying more than 25 lbs: YES / NO

OSHA RESPIRATORY MEDICAL EVALUATION
(Mandatory Medical Questions)

The below signature is a mandatory component of the application process, Please do not submit application until obtained.

The student has been screen per OSHA Regulation 29 CFR 1920 134 for respirator use, and is medically cleared for fit testing.

M.D., PA, NP or RN Signature and Stamp:_____

Date:_____

Sizing Sheet for (Name)_____

Circle the appropriate size in each category.
Fax to registration support at 435-831-5654
For shoe size indicate actual shoe size

SCBA MASK (if known)	small	medium	large	X-large	XX-large
JACKET	small	medium	large	X-large	XX-large
PANTS	small	medium	large	X-large	XX-large
MSA MASK	small	medium	large	X-large	
GLOVES	small	medium	large	X-large	XX-large

SHOES M_____ W_____
(indicate actual shoe size)

Security Voucher Form

Fill in the appropriate information and have your supervisor sign it.
Fax to registration support at 435-831-5654.

1. The listed personnel are on official duty at US Army Dugway Proving Ground for training from (Date)_____ to_____, 2007 from_____ (*e.g. San Antonio Fire Station xx, San Antonio, Texas)*. The class being attended is the Advanced Chemical and Biological Integrated Response Course (ACBIRC).

2. I understand that part of this training will include entry into a biological safety level 3 facility at the Life Sciences Division and work with vaccine strains of agents such as *Bacillus anthracis*, *Yersinia pestis* and *Francisella tularensis*.

3. Mr./Ms. _____ has been with the department for _____ years during which time he/she has given no reason to question his/her loyalty to the department, the State of _____, or the United States Government.

4. Insofar as I am able, I vouch for Mr./Ms. _____ in terms of security while he/she is participating in the training at US Army Dugway Proving Ground, Utah.

_____
Supervisor's Name

_____
Supervisor's Telephone Contact

FEMA