



INSTRUCTIONS FOR COMPLETING INITIAL/PERIODIC QUESTIONNAIRE FORM

1. Please complete the entire medical questionnaire (**front and back**).
2. **Complete the entire Medical Determination for Respirator Use form.** It is very important that all the information regarding exposure hazards, respirator use and personal protective equipment is completed. **The Company (your supervisor, safety manager, respiratory program administrator, fire chief) should be completing this section. You can work with them to complete this form.**
3. Please place completed forms in confidential envelope provided by your employer and seal. **Do not place in the mail** unless instructed to do so by company representative. Return the sealed confidential envelope to company representative.
4. Company representative return to: Occupational Health Nurses, Gundersen Health System, 1900 South Avenue, FBO-002, La Crosse, WI 54601.
5. If any questions, call (608) 775-6345 and ask to speak to the Triage Nurse.