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, FB0-002, La Crosse, WI 54601.

5. If any questions, call (608) 775-6345 and ask to speak to the Triage Nurse.