The following questions pertain to the ability to wear a respirator. Additional information for the physician can be found in The Respiratory Protective Devices Manual.

25. Have you ever been told by a doctor that you have asthma?
   [ ] Yes
   [ ] No

   If yes, are you presently taking any medication for asthma? Mark all that apply.
   [ ] Shots
   [ ] Pills
   [ ] Inhaler

26. Have you ever had a heart attack?
   [ ] Yes
   [ ] No

   If yes, how long ago?
   [ ] Number of years
   [ ] Number of months

27. Have you ever had pains in your chest?
   [ ] Yes
   [ ] No

   If yes, when did it usually happen?
   [ ] While resting
   [ ] While working
   [ ] While exercising
   [ ] Activity didn't matter