

| RESPIRATORY PROTECTIVE EQUIPMENT (RPE) SELF ASSESSMENT HEALTH SURVEILLANCE | | MOD Form 5032 | |
|--|--|--------------------------------|----------------------------|
| The data collected below is for the sole purpose of recording potential or actual impact to health through use of RPE. The data will be protected in accordance with DPA18 and MOD policy. | | | |
| This form must be completed prior to Fit Testing | | | |
| PLEASE COMPLETE IN BLOCK CAPITALS IF FILLING OUT HARD COPY | | | |
| Name | | Staff/Service No. | |
| Establishment/Unit | | | |
| Location of Work | | Trade/Occupation | |
| Allergy symptoms | | | |
| | | Since Last Fit Test | During lifetime |
| Are you allergic to, or have you ever had a reaction to latex or rubber? | | | |
| Do you suffer from itching or rashes after wearing a respirator mask? | | | |
| Are you currently, or have you ever suffered from any of the following? | | | |
| Asthma or wheezing | | | |
| Chest Condition | | | |
| Claustrophobia (before or after wearing RPE or similar*) | | | |
| Loss / change in sense of taste | | | |
| Epilepsy, faints or blackouts | | | |
| Heart Disease | | | |
| High blood pressure | | | |
| *for example, infection control face masks or SCUBA equipment | | | |
| Personal features | | | |
| Do you wear glasses? | | | |
| Do you have any facial hair, that you cannot remove (either on medical or religious grounds)? | | | |
| Do you have any dentures or other attributes (for example bad scarring) that may prevent a positive face fit? | | | |
| <i>If required, you can provide further details of your answers below:</i> | | | |
| | | | |
| Declaration | | | |
| I confirm that the information given above is accurate to the best of my knowledge | | | |
| Name | | | |
| Date | | | |

Guidance Notes

For the individual completing this form:

RPE Fit Testing

You **must** have completed this form prior to conducting any RPE Fit Test.

Positive Response

If you answered “yes” to any of the questions, you **must** inform your line manager of this and although not obliged to, share details if comfortable before conducting an RPE fit test. Your manager may be required to make arrangements for an occupational health (OH) review (Through the [online OH Portal](#) for Civilian Staff or Local Medical Centre for Service Personnel) for an assessment, if so this **should** take place prior to any fit testing.

If you answered “yes” to any of the questions, you **must** inform your RPE fit tester prior to undertaking any RPE fit test. Positive responses may prevent you from undertaking a fit test, so you **must** be honest and inform the fit tester of any positive responses and although not obliged to, share details if comfortable.

This questionnaire **must** be referred to in your appointment with OH and **must** be retained by them.

Negative Response

If you have answered “no” to all of the questions, you **must** inform your line manager of this (you are not required to show the manager the form).

Completed Forms

The completed form **must** be uploaded onto MyHR for Civilian Staff or handed in to your local Medical Centre for Service personnel for inclusion on your personnel record, in an envelope marked “OFFICIAL – SENSITIVE – PERSONAL – RPE – ASSESSMENT”.

All personnel **should** retain a copy for their own records.

Personal Features

Fit testing of tight-fitting respirators **cannot** be performed if the subject has facial hair. If you have facial hair and cannot change this on medical (for example ingrown hairs) or religious grounds (for example being a practicing Sikh), other types of RPE are available that do not require a tight face fit.

For Line Managers:

If approached by a member of your staff advising that they have a positive response for RPE Health Surveillance, you **should** request that occupational health (either via the [OH Portal](#) for civilians or Local Medical Centre for Service personnel) assess your staff.

For Local Medical Centre:

Completed forms **must** be recorded on staff medical / personnel records.