

Registration Procedures

Registration opens approximately two months before class starts.

- At the beginning of registration, you may hold a spot in the class with:
 - a deposit equal to 25% of the total tuition
 - a completed Course Application
 - a signed Refund Policy.

Outstanding documents and remaining tuition must be submitted no later than 3pm CST the last day of registration.

All cadets are required to appear in person at 3528 Hunter Road, San Marcos, Texas for gear sizing the week following registration. Office hours are normally M-F from 9am – 3pm except on holidays.

Acceptance Requirements – Student Check List:

Cadets will not be accepted until the following documents are submitted, approved and full payment is received - no later than the last day of registration.

Basic Firefighter Course

_____ 18 years of age by the completion of the course.

_____ Course Application. Incomplete applications will not be accepted.

_____ TCFP/FIDO Personal Identification Number. – Email/provide to TFA Admissions Office.

_____ Refund Policy.

_____ Physicians' Release for Firefighter Training Form, must be completed by a doctor during a medical/physical exam and submitted to the TFA Admissions Office.

_____ OSHA Form – reviewed by a physician's office at the same time as the Physician's Release Form

_____ Release of Liability - notarized.

_____ Background Check. Instructions available at TexasFireAcademy.com.

- All arrests, charges and dispositions must be fully disclosed.
- No pending, deferred adjudication or conviction on Felony or Class A Misdemeanors.
- Class B and C Misdemeanor arrests, charges, deferred adjudication and convictions will be evaluated.
- Any concerns should be directed to the TFA Admissions Office

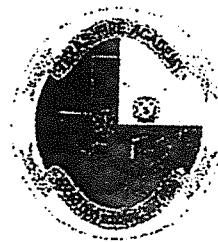
_____ Copy of Driver's License.

_____ Copy of Diploma, GED or College Transcript – unofficial or photocopy is acceptable.

_____ Tuition paid in full.



HAYS COUNTY ESD #3
TEXAS FIRE ACADEMY
Course Application



Incomplete applications will not be accepted.

APPLICANT INFORMATION					
Class Name (EMT/CAD):					
Last:		First:		Middle:	
Date of Birth:		Email:			
Home Phone:		Work:		Cell:	
Address:					
City:		State:		Zip:	
D/L #:		Exp. Date:		Class:	
Marital Status:		Spouse's Name:			
EMPLOYMENT INFORMATION					
Current or last employer:					
Employer Address:					
City:		State:		Zip:	
Supervisor's Name:		Phone:			
EMERGENCY CONTACT					
Name:		Relation:		Phone:	
Address:		City:		State: Zip:	
How did you hear about us?					
MEDICAL HISTORY					
Have you ever had any of the following?					
	Yes	No		Yes	No
Heart/Cardiac Problems	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Surgery within last 3 years	<input type="checkbox"/>	<input type="checkbox"/>
Lung/Asthma/COPD	<input type="checkbox"/>	<input type="checkbox"/>	Vision (glasses, contacts, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Injury to back, neck or spine	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>
Heat Stress	<input type="checkbox"/>	<input type="checkbox"/>	Emotional Distress	<input type="checkbox"/>	<input type="checkbox"/>
Injury to joints (shoulder, hip, knee, elbow, ankle)	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a physical condition that requires accommodation?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered yes to any of the questions, please explain. (use additional sheet if necessary)					

HAYS COUNTY ESD #3
TEXAS FIRE ACADEMY
Course Application

MEDICAL HISTORY continued					
Do you have any medical/physical condition that may restrict you mentally/physically?					
	Yes	No		Yes	No
In confined spaces?	<input type="checkbox"/>	<input type="checkbox"/>	In extreme climates?	<input type="checkbox"/>	<input type="checkbox"/>
In stressful situations?	<input type="checkbox"/>	<input type="checkbox"/>	Heights or water?	<input type="checkbox"/>	<input type="checkbox"/>
Allergy to any medications, bees, ants or anything else?				<input type="checkbox"/>	<input type="checkbox"/>
If you answered yes to any of the questions, please explain. (use additional sheet if necessary)					
Are you willing to take a drug and/or alcohol test?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	You can be subject to one anytime in the future.
I understand the use of illegal drugs, controlled substances and/or alcohol is prohibited on or in all Texas Fire Academy grounds, vehicles, equipment and property. I also understand that if I am found under the influence of illegal drugs, controlled substances and/or alcohol while on or in all Texas Fire Academy grounds, vehicles, equipment and property, I will be expelled immediately.					
I will consider my safety and the safety of my fellow cadets and instructors above all else. I will perform my duties to the best of my ability. I understand that my activities outside of Texas Fire Academy directly reflect on the school and I will act accordingly.					
I understand that any Academy property issued to me must be returned at the time of my course completion or whenever it is requested by my instructors. Failure to do so will result in legal action and/or paying for the replacement of such property.					
I grant Texas Fire Academy, its representatives and employees, the right to take photos, videos or audio recordings of me and my property in connection with the Academy Course. I authorize Texas Fire Academy its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Texas Fire Academy may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and Web content.					
I have read and understand the above.					
Signature:					Date:

Texas Fire Academy Refund Policy

In the event you have to cancel, any refund that may be due, is processed within 60 days of notification and when all Academy equipment and supplies are returned to us in suitable condition.

EMT-Basic Class

- From the beginning of registration through the end of registration: All monies paid will be refunded minus a \$150.00 administration fee. The cadet may move the deposit once to the next available class with no penalty. Once the deposit is moved, if the cadet chooses not to attend the class, no refund is available.
- After registration closes until the day before class starts: 75% of all monies paid will be refunded.
- 1st day of class until 8am (CST) the 2nd day of class: 25% of the course fee will be refunded.
- 2nd day of class AFTER 8am (CST): No refund is available.

Basic Firefighter Class

- From the beginning of registration through the end of registration: All monies paid will be refunded minus a \$250.00 administration fee. The cadet may move the deposit once to the next available class with no penalty. Once the deposit is moved, if the cadet chooses not to attend the class, no refund is available.
- After registration closes until the day before class starts: 75% of all monies paid will be refunded.
- Second Friday of classes by 6pm: 25% of the course fee will be refunded.
- Second Friday of classes after 6pm: No refund is available.

Advanced Classes

- Prior to the first day of class: Amount paid minus a \$50 administration fee will be refunded. The cadet may move the deposit once to the next available class with no penalty. Once the deposit is moved, if the cadet chooses not to attend the class, no refund is available.
- Once the class begins: No refund is available.

*All funds forfeited will go into a scholarship fund for South Hays Fire Department members.

I have read and I understand the contents of Texas Fire Academy's Policy Manual including the Acceptance Requirements and the Refund Policy.

Signature

Print Name

Date

Texas Fire Academy Waiting List Policy

You are signing up for a registration waiting list at Texas Fire Academy. You are required to provide the completed and signed Course Application, signed Waiting List Policy, signed Refund Policy, and the full deposit for the class.

As seats become available we will attempt contact with the next person or persons on the waiting list by email, cell phone and text message using the contact information you have provided. You will have until 3:00 p.m. on the next business day to respond to the contact **and begin completing registration**. If you have failed to respond you will lose your place on the waiting list and forfeit \$100.00 of your deposit as an administrative fee. The balance of your deposit will be refunded.

If a seat does **not** come available you will be refunded the full deposit.

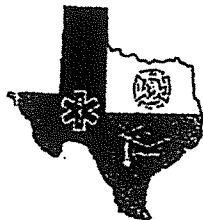
This policy supersedes the Texas Fire Academy Refund Policy for all matters pertaining to the Waiting List. The Refund Policy will take effect when you have been assigned a seat in the class.

I have read and I understand the Waiting List Policy.

Signature

Print Name

Date



**Hays County Emergency Services District #3
Texas Fire Academy**

3528 Hunter Rd.
San Marcos, TX 78666
512-749-1200



You will need to obtain a TCFP/FIDO personal identification number (PIN) from the Texas Commission on Fire Protection, by the last day of registration.

- Go to: <https://fido.tcfp.texas.gov/>

Follow the instructions to create your account and obtain your PIN.

Cadet's Name: _____

Cadet's TCFP/FIDO PIN#: _____



Hays County Emergency Services District #3
Texas Fire Academy
3528 Hunter Rd.
San Marcos, TX 78666
512-749-1200



FIREFIGHTER RELEASE OF LIABILITY

CADET'S NAME: _____

ADDRESS: _____

TEXAS FIRE ACADEMY CLASS: # _____

LOCATION OF FIRE/EMS TRAINING EVOLUTIONS:

Guadalupe Fire Field 320 Fire Field Road New Braunfels TX	Gary Job Corp 2301 Hwy 21 San Marcos TX	Hays County ESD #3 - 3528 Hunter Road - 8301 Ranch Road 12 - 3301 Hilliard Road San Marcos TX
Buda FD Fire Field 209 Jack C Hays Trail Buda TX	ALERRT Field William Pettus Road Maxwell TX	
Wimberley Burn Field 1691 Carne Lane Wimberley TX		

I certify/attest that all personal clothing or equipment used by me in any training activity is appropriate for the type of Texas Fire Academy training ("Fire/EMS training evolutions") contemplated under this RELEASE OF LIABILITY.

I certify/attest that I have no physical or health condition or problem that could or might be aggravated or affected by my participation in these Fire/EMS training evolutions.

I certify/attest that I have workers compensation or life, health and hospitalization insurance, personally or through my department/organization, to adequately cover me in case of any injury occurring while participating in these Fire/EMS training evolutions.

In consideration for receiving permission to participate in these Fire/EMS training evolutions, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged and confessed for all purposes, to be held by Hays County ESD #3 and The Texas Fire Academy, an emergency services organization of the State of Texas, on _____, 20____, I hereby fully and completely release, indemnify, and hold harmless Hays County Emergency Services District No. 3 and The Texas Fire Academy, their officers, instructors, employees, volunteers, agents or representatives from any and all liability, claims or causes of action, damages, judgments or orders, of any kind or nature whatsoever, including, but not limited to, intentional acts or omissions, negligence, premises defects, contract or any and all other causes of action for personal injury, including death, or property damage arising from or related to, in any way, these Fire/EMS training evolutions and in any way attributable to Hays County ESD #3 and The Texas Fire Academy, their officers, instructors, employees, volunteers, agents or representatives.

I acknowledge that all Fire or EMS training exercises, specifically including these Fire/EMS training evolutions, are inherently dangerous and carry an inherent risk of injury, including death or property damage. I enter into this RELEASE OF LIABILITY of my own free will and am not influenced by any other individual or entity. I have read and understood this RELEASE OF LIABILITY and agree to it by my signature below.

Cadet Signed: _____

Date: _____

STATE OF TEXAS §
 §
COUNTY OF HAYS §

Before me the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledge to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office on this the _____ day of _____, 20____.

Notary Public, State of Texas

PHYSICIAN'S RELEASE FOR FIREFIGHTER TRAINING

Name: _____ DOB: _____ Age: _____

Home Address: _____

Home Phone: _____ Cell: _____

Name of Parent or Guardian (if applicable): _____

To Physician:

_____(Cadet Name) has applied to the Texas Fire Academy to attend the Basic Firefighter Course. Following is a description of typical physical requirements for the Academy. Please note any recommendations or precautions that you find pursuant to your examination. Your assistance in this matter will be greatly appreciated.

This is a description of the tasks currently performed; it does not address the potential for accommodation. All functions are to be performed while wearing full fire protective gear (PPE) unless otherwise noted. Note: PPE weighs approximately 50 pounds and restricts hearing and vision.

PHYSICAL DEMAND	DESCRIPTION
Lifting/Carrying	<ul style="list-style-type: none"> • Lifts 25 lb. SCBA (Self-contained breathing apparatus) from ground to full extension of arms overhead. • Lift to waist level a 115 lb. roll of hose. • Carry a 116 lb. ladder 150 feet (with helper). • Lift and maintain control of a 75 lb. tool at waist height for 2 minutes. • Drag a 175 lb. victim 100 feet. • With a helper, lift a 50 lb. ambulance stretcher with a 175 lb. patient and walk up/down 2 flights of stairs • With a helper, lift a 50 lb. ambulance stretcher with a 175 lb. patient and walk up/down (navigate) a 35 degree incline • With a helper, remove a 116 lb. 35 foot extension ladder from the side of a fire truck at a height of 6 feet • Hold a fire hose while discharging 100 gallons per minute at 100 lbs per square inch for 5 minutes.
Pushing/Pulling	<ul style="list-style-type: none"> • Pulling a hose (32 lbs) from ground up to fire truck while on knees • Pull nailed 3/4 inch wallboard off the ceiling of a structure with a tool • Open/close fire hydrant using appropriate tools
Reaching	<ul style="list-style-type: none"> • Pierce a 3/4 inch wallboard overhead with tool while standing • Use a tool overhead in continual motion for 2 minutes.
Bending/Crouching/Crawling	<ul style="list-style-type: none"> • Stoop over for periods up to 15 minutes while using a shovel or broom • Stoop and use a tool with a chopping motion for 1 minute without stopping • Able to crawl on hands and knees a distance of 100 feet.
Balancing/Climbing	<ul style="list-style-type: none"> • Climb aboard a 15 foot high apparatus • Work at heights up to 150 feet from areas such as the open roof of a building, a tower, a pole, a ladder. • Work on a ladder using a tool. • Able to work in confined spaces such as caves, tunnels, manholes, basements, ditches, collapsed buildings, culverts, attics and smoke-filled rooms. • Able to scale/rappel • Climb ladders up to 35 feet in height.

Hearing/Talking	<ul style="list-style-type: none"> • Able to hear warning devices at 90 decibels • Able to communicate verbally to patients or victims. • Able to communicate verbally using a hand held radio • Able to speak clearly and concisely under duress and remain calm in stressful situations
Vision	<ul style="list-style-type: none"> • Able to read 12 point type on air gauge at 3 feet distance • Able to distinguish colors to access hazards and hazard warning labels • Able to visually survey situations near and far • Able to identify for hazardous materials by reading chemical labels • Able to use a computer and write using English
Standing/Walking	<ul style="list-style-type: none"> • Able to walk 1.5 miles in 30 minutes on various types of terrain
Fine Dexterity	<ul style="list-style-type: none"> • Able to manually tie and untie 1/4 inch diameter rope into knots
Miscellaneous	<ul style="list-style-type: none"> • Able to remain calm when confronted with an angry or emotional individual • Able to move arms and legs so as to put on bunker pants, coat and SCBA over clothing.

Please note any recommendations or precautions that you find pursuant to your examination. Your assistance in this matter will be greatly appreciated.

I. Medical Information.

A. Disabling Condition(s).

1. Medical Diagnosis: _____

B. Medical Problems (please make any comments and/or restrictions in regard to the following):

1. Heart condition _____
2. Diabetes _____
3. Allergies _____
4. Visual Impairment _____
5. Hearing Impairment _____
6. Speech Impairment _____
7. Diet Restrictions _____
8. Respiratory Problems _____
9. Seizures _____
 (i.e., type, characteristics, last occurrence, specific care before, during and after, explain)
10. Surgery _____
11. Serious Injuries _____
12. Asthma _____
13. Hypertension _____
14. Medications _____

C. Fitness/Conditioning

Heart Rate and Blood Pressure _____

I hereby give my approval for the above-named person to engage in the described activities directly related to the Fire Academy.

Physician Date: _____ Physician's Signature: _____
Printed Name: _____
Address: _____
Phone: _____ Fax: _____

CADET I, _____ (cadet's printed name) have read and understand this form and agree to adhere to any and all of the specific precautions recommended by the physician. I further agree that should my physical condition or medication change in any way, I will immediately notify Texas Fire Academy and obtain a new release form for the physician to complete.

Date: _____

Participant/Cadet signature

Parent/Guardian signature (if applicable)

OSHA FORM INFORMATION

The OSHA Form needs to be filled out and signed by the cadet. If you do not know the answer, please put unknown.

When you get your Physician's Release Form signed by a doctor, have them look over the OSHA document to make sure there are no health issues to impede you from using a respirator.

The doctor does NOT need to sign the OSHA form – only look it over. They only need to sign the Physician's Release Form.

HAYS COUNTY EMERGENCY SERVICES DISTRICT #3

CHECKLIST:		Appendix C to Sec. 1910.134: OSHA Respirator Medical Evaluation Questionnaire (Mandatory)	
TO THE EMPLOYER:		Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.	
TO THE EMPLOYEE:		Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it. COMPLETE PRIOR TO DOCTORS VISIT.	
AGENCY:	Hays County ESD #3	CONTACT:	Health & Safety Officer
<input type="radio"/> South Hays Fire Dept.	<input type="radio"/> TFA Instructor	<input type="radio"/> TFA Student	
Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).			
1. Today's date:			
2. Your name:			
3. Your age (to nearest year):			
4. Sex (circle one):			
		Male	Female
5. Your height:			
		Ft.	In.
6. Your weight:			
		lbs.	
7. Your job title:			
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code):			
9. The best time to phone you at this number:			
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one):			YES NO
11. Check the type of respirator you will use (you can check more than one category):			
a.	<input type="radio"/>	N, R, or P disposable respirator (filter-mask, non-cartridge type only).	
b.	<input type="radio"/>	Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).	
12. Have you worn a respirator (circle one):			YES NO
If "yes," what type(s):			

Part A, Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month:	YES	NO
2. Have you ever had any of the following conditions?		
a. Seizures:	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. Have you 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 problem 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 or 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. 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
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 problem 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 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:	YES	NO
8. If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check the following space and 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. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire:	YES	NO
Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.		
10. Have you ever lost vision in either eye (temporarily or permanently):	YES	NO
11. Do you currently have any of the following vision problems?		
a. Wear contact lenses:	YES	NO
b. Wear glasses:	YES	NO
c. Color blind:	YES	NO
d. Any other eye or vision problem:	YES	NO

12. Have you ever had an injury to your ears, including a broken ear drum: Yes/No	YES	NO
13. Do you currently have any of the following hearing problems?		
a. Difficulty hearing:	YES	NO
b. Wear a hearing aid:	YES	NO
c. Any other hearing or ear problem:	YES	NO
14. Have you ever had a back injury:	YES	NO
15. Do you currently have any of the following musculoskeletal problems?		
a. Weakness in any of your arms, hands, legs, or feet:	YES	NO
b. Back pain:	YES	NO
c. Difficulty fully moving your arms and legs:	YES	NO
d. Pain or stiffness when you lean forward or backward at the waist:	YES	NO
e. Difficulty fully moving your head up or down:	YES	NO
f. Difficulty fully moving your head side to side:	YES	NO
g. Difficulty bending at your knees:	YES	NO
h. Difficulty squatting to the ground:	YES	NO
i. Climbing a flight of stairs or a ladder carrying more than 25 lbs.:	YES	NO
j. Any other muscle or skeletal problem that interferes with using a respirator:	YES	NO
Part B Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.		
1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen:	YES	NO
If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions:	YES	NO
2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals:	YES	NO
If "yes," name the chemicals if you know them:		

3 Have you ever worked with any of the materials, or under any of the conditions, listed below:		
a. Asbestos:	YES	NO
b. Silica (e.g., in sandblasting):	YES	NO
c. Tungsten/cobalt (e.g., grinding or welding this material):	YES	NO
d. Beryllium:	YES	NO
e. Aluminum:	YES	NO
f. Coal (for example, mining):	YES	NO
g. Iron:	YES	NO
h. Tin:	YES	NO
i. Dusty environments:	YES	NO
j. Any other hazardous exposures:	YES	NO
If "yes," describe these exposures:		
4. List any second jobs or side businesses you have:		
5. List your previous occupations:		
6. List your current and previous hobbies:		
7. Have you been in the military services?	YES	NO
If "yes," were you exposed to biological or chemical agents (either in training or combat):	YES	NO
8. Have you ever worked on a HAZMAT team?	YES	NO
9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications):	YES	NO
If "yes," name the medications if you know them:		

10. Will you be using any of the following items with your respirator(s)?		
a. HEPA Filters:	YES	NO
b. Canisters (for example, gas masks):	YES	NO
c. Cartridges:	YES	NO
11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?:		
a. Escape only (no rescue):	YES	NO
b. Emergency rescue only:	YES	NO
c. Less than 5 hours per week:	YES	NO
d. Less than 2 hours per day:	YES	NO
e. 2 to 4 hours per day:	YES	NO
f. Over 4 hours per day:	YES	NO
12. During the period you are using the respirator(s), is your work effort:		
a. Light (less than 200 kcal per hour):	YES	NO
If "yes," how long does this period last during the average shift:	hrs.	mins.
Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.		
b. Moderate (200 to 350 kcal per hour):	YES	NO
If "yes," how long does this period last during the average shift:	hrs.	mins.
Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.		
c. Heavy (above 350 kcal per hour):	YES	NO
If "yes," how long does this period last during the average shift:	hrs.	mins.
Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).		
13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator:	YES	NO
If "yes," describe this protective clothing and/or equipment:		

14. Will you be working under hot conditions (temperature exceeding 77 deg. F):		YES	NO
15. Will you be working under humid conditions:		YES	NO
16. Describe the work you'll be doing while you're using your respirator(s):			
17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):			
18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):			
Name of the first toxic substance:			
Estimated maximum exposure level per shift:			
Duration of exposure per shift:			
Name of the second toxic substance:			
Estimated maximum exposure level per shift:			
Duration of exposure per shift:			
Name of the third toxic substance:			
Estimated maximum exposure level per shift:			
Duration of exposure per shift:			
The name of any other toxic substances that you'll be exposed to while using your respirator:			
19 Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):			
Signature:		Date:	

(63 FR 1152, Jan. 8, 1998; 63 FR 20098, April 23, 1998; 76 FR 33607, June 8, 2011; 77 FR 46949, Aug. 7, 2012)