

**BROOKHAVEN NATIONAL LABORATORY  
OCCUPATIONAL MEDICINE CLINIC**

**CONFIDENTIAL**

**ODH PROTOCOL**

**ODH1 MEDICAL CLEARANCE QUESTIONNAIRE**

NAME:

CHART #:

Dept: \_\_\_\_\_ Life # : \_\_\_\_\_

Supervisor: \_\_\_\_\_

**Instructions to Employee:**

- All employees indentified by their JAF as being under the ODH1 (Oxygen Deficiency Hazard) Protocol or requiring emergency evacuations using a 5-minute escape pack, are required to complete this questionnaire.

- If you have any health problems which would affect your ability to perform this procedure and need to speak to an OMC Physician, please indicate below.

1. Do you have any concerns about your ability to hear or see alarms indicating an ODH situation?  YES  NO

2. Do you have any history of claustrophobia that will prevent you from wearing an escape type respirator for 5 minutes?  
 YES  NO

3. Do you have any concerns about your ability to wear a plastic breathing hood, carry a 10 lb escape cylinder and walk/run about 100 feet to the nearest exit in an emergency?  YES  NO

4. Do you have any cardiac restrictions that would prevent you from doing the above (see #3)  YES  NO

5. Do you have or have you developed any breathing problems in the last year?  YES  NO

Comments: \_\_\_\_\_

6. Have you had any surgery in the last 6 months?  YES  NO

Comments: \_\_\_\_\_

7. Are you currently a smoker?  YES  NO

8. Do you want to speak to an OMC Physician regarding any specific concern?  YES  NO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OMC Physicians reserve the right to mandate a physical examination if necessary.**

To be completed by OMC:

Qualified/Completed

Not Qualified/Not Completed

Pending/Other \_\_\_\_\_

OMC Clinician Signature \_\_\_\_\_ Date: \_\_\_\_\_