Below is the Link as well as the QR code to the employee portal.
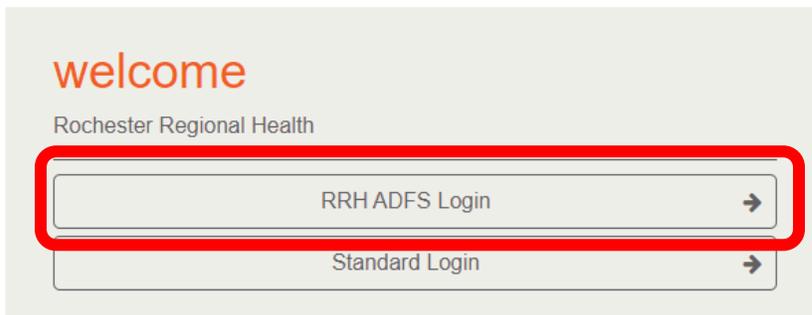
https://webchartnow.com/rrh/webchart.cgi?f=layout&module=Patient+Portal

QR Code to the employee portal:

You will pick RRH ADFS Login and input your workday or SSO Username and password.

WORKREADY

welcome

Rochester Regional Health

RRH ADFS Login →

Standard Login →

You will then be directed to the screen below. Select Respirator Fit.

WELCOME TO THE WORKREADY EMPLOYEE HEALTH PATIENT PORTAL —
PLEASE SELECT FROM THE MENU BELOW.   **WORK**READY

Message Center >
My Appointments >
Failed Daily Pass/Symptomatic >
COVID Test Results/RTW Guide >
Annual Health Review >
Respirator Fit >
Other Health Resources >

You will then be directed to the questionnaire below. If there is any information you are unsure about please leave them blank and they will be reviewed at the time of your Fit test.

WORKREADY

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.

Please complete the following questions by selecting or clicking on the appropriate response or entering information in the provided blank field. Some responses will generate more questions or provide space for you to add detailed information. If a response already displays, the information was previously answered by you in another question. A response change will make that change to both questions. Once you have finished, please be sure to click the Submit button at the end to save your responses and complete the questionnaire process.

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator.

Can you read?	Yes	No
Employee Name		
Employee ID #		
Company Name		
Supervisor		
Date of Birth	mm - dd - yyyy	
Your Age:		
Gender:	○ Male	

This questionnaire is a couple of pages long and you will be asked to explain any yes answers. Once completed with each page please select NEXT.

Have you ever had any of the following cardiovascular or heart symptoms?

Pain or tightness in your chest that interferes with your job:	Yes	No
In the past two years, have you noticed your heart skipping or missing a beat?	Yes	No
Any other symptoms that you think may be related to heart or circulation problems:	Yes	No

Save for later | Cancel

< BACK   **NEXT >**

Once completed with the questionnaire please select Submit. After you SUBMIT your questionnaire you may sign off.

Aluminum	Yes	No
Coal (i.e. mining work)	Yes	No
Iron	Yes	No
Tin	Yes	No
Dusty Environment	Yes	No
Any other hazardous exposures	Yes	No

Respirator Sign-Off

I agree to the best of my knowledge, all the above statements are correct.	Yes	No

Save for later | Cancel

< BACK   SUBMIT