



Employee Name (Print): _____

Title: _____

TYPE OF FIT TEST PERFORMED:

Respirator Fit Test Results: Indicate Respirator Make, Model and Size.

1. Make: 3M NP95 MODEL #: 1860
 SIZE: REGULAR LARGE
 Pass Seal Check Pass Fit Test

2. Make: KIMBERLY CLARK N95 MODEL #: TECNOL (PFR95-170)
 SIZE: REGULAR LARGE
 Pass Seal Check Pass Fit Test

3. Make: _____ MODEL #: _____
 SIZE: REGULAR LARGE
 Pass Seal Check Pass Fit Test

4. Could not be fitted for the following reason(s):
 Facial Hair / Medical Reasons / / Other (specify) _____

5. Failed fit test for the following reason(s):
 Medical / insufficient sizes or types / Other (specify) _____

Evaluators Name: _____

Evaluators Signature: _____

Date: _____

MEDICAL ASSESSMENT FOR RESPIRATOR USER (MASK FIT)

- 1) Have you ever had difficulty wearing a respirator mask or any other standard surgical mask? YES NO
- 2) Have you ever been told by your doctor that you have chronic lung disease, i.e. bronchitis, emphysema, pneumonia or asthma? YES NO
- 3) Have you ever been told by your doctor that you have angina or serious heart disease. Not including "High Blood Pressure". YES NO
- 4) Have you ever experienced asthma or unexplained difficulty in breathing? YES NO
- 5) Have you ever been told by doctor that you have an abnormal heart beat or breathing? YES NO
- 6) Do you have allergies to latex? YES NO
- 7) Are you on any medication that affects your heart, lungs or ability to wear a respirator? YES NO
- 8) Do you experience fear of closed spaces or claustrophobia? YES NO

Healthcare Professional Name (print)

Date
