



MASK FIT

Be Special... Make a Difference!

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

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2. ___ Make: KIMBERLY CLARK N95 MODEL #: TECNOL (PFR95-170)

SIZE: ___ REGULAR ___ LARGE

___ Pass Seal Check ___ Pass Fit Test

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3. ___ Make: _____ MODEL #: _____

SIZE: ___ REGULAR ___ LARGE

___ Pass Seal Check ___ Pass Fit Test

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4. Could not be fitted for the following reason(s):

___ Facial Hair / ___ Medical Reasons / ___ / Other (specify) _____

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5. Failed fit test for the following reason(s):

___ Medical / ___ insufficient sizes or types / Other (specify) _____

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Evaluators Name: _____ Date: _____

Evaluators Signature: _____

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MEDICAL ASSESSMENT FOR RESPIRATOR USERS (MASK FIT)

- 1) Have you ever had difficulty wearing a respirator mask or any other standard surgical masks? 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 a 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:

Healthcare Professional Name (signature):