



## N95 RESPIRATOR ISSUANCE AND TRAINING FORM ANNUAL FIT TESTING

<b>DEPARTMENT</b>	<b>PASS</b>	<input type="checkbox"/>
	<b>FAIL</b>	<input type="checkbox"/>

<b>PRINT: LAST Name:</b>	<b>FIRST Name:</b>	<b>MIDDLE Name</b>	<b>DOB</b>
Have you developed any medical problems or symptoms that may limit your ability to use a respirator?			<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Have you been told by a health care professional, your supervisor, or the respiratory program administrator that you should be medically reevaluated?			<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Has there been a change in workplace conditions, e.g., physical work effort, protective clothing, temperature, that has resulted in a substantial increase in the physical burden on you?			<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
It is your responsibility to report to your supervisor any change in health status that may affect your ability to use a respirator			

### INSTRUCTORS WILL COMPLETE THE FOLLOWING:

<b><i>CHECK OFF AND CIRCLE SIZE IF APPLICABLE</i></b>	
<b>Type of Respirator:</b> <input type="checkbox"/> 3M 9205+ <input type="checkbox"/> 3M 1860 (Regular) (Sm) <input type="checkbox"/> 3M 1804 V Flex (Regular) (Sm) <input type="checkbox"/> CAPR/BEARD <input type="checkbox"/> Other _____	
<b>Application:</b> <input type="checkbox"/> TB/SARS/Flu Avian	
<b>Check After Completion:</b> <input type="checkbox"/> Instructions for User <input type="checkbox"/> Donning & Removal Reviewed <input type="checkbox"/> Fit Check Test/Procedure Reviewed <input type="checkbox"/> CAPR ONLY → Just-in-time Training Video Certificate (attach)	
<b>Employee Signature:</b>	<b>Date:</b>
<b>Instructor (Batcave or Unit Director/Unit based Educator) or other FIT tester:</b>  _____.	
<b>Printed Name</b>	<b>Title</b>



**Signature**

Employee note: Keep a copy for your personal records and give one to your supervisor.