

RESPIRATOR FIT TEST QUESTIONNAIRE

Name:	Phone #:
Study Program:	College or Workplace

RESPIRATOR USER'S HEALTH CONDITIONS

Some conditions may affect your ability to safely use a respirator. Please read the statements below. And if any of them apply. Indicate Yes; if none apply indicate No.

1. Do you have a cardiovascular and/or respiratory disease, including history of high blood pressure, angina, heart attack, cardiac arrhythmias, stroke, asthma, chronic bronchitis and/or emphysema?	
2. Do you have known reduced pulmonary function caused by other factors, such as exposure to respiratory hazards?	
3. Do you have any concerns about pregnancy and wearing a respirator?	
4. Do you have impaired sensory function, reduced or absent ability to taste?	
5. Do you have any altered facial features due to surgery or skin conditions such as severe acne or eczema?	
6. Do you suffer from claustrophobia and severe anxiety and are concerned about wearing a respirator for this reason?	
7. Do you suffer from shortness of breath or chest pain on exertion?	
8. Do you have an allergy or sensitivity to latex, bananas, or artificial sweetener? Are any other allergies a concern?	
Have you worn either an N95 respirator before?	
Is there any reason you cannot wear a tight-fitting respirator that seals directly to the skin on your face? If yes, please describe below	
Have you had any previous difficulty in wearing a respirator in the past? If yes. please describe below:	
Describe:	

RESPIRATOR USER'S REVIEW

I have answered the above questions to the best of my ability and knowledge and agree to be mask fit tested. I understand that if I have answered "yes" to any of the questions 1 to 8 above, I will not be mask fit tested at this time, and am required to visit my physician. I also understand I will report any future changes in my physical health that might affect my ability to wear a respirator to the Infection Control Coordinator/ Immediate Supervisor.

Sign :	Date:
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