LOYOLA MEDICINE

A Member of Trinity Health

Fit Testing Certificate

Name:	ID:
Department :	Time in Department:
Job Title:	Circle one : New Hire Annual

Please mark the circle below which best describes you.

Frequency of N95 Use	Age Range	Employment Status
O Never O Quarterly O Monthly O Weekly O Daily	O <19 O 20-29 O 30-39 O 40-49 O 50-59 O 60-69 O 70-79 O 80-89 O >90	O Full Time O Part Time O Volunteer O Student
Frequency of contact with Airborne Isolation Precaution Patients O Never O Quarterly O Monthly O Weekly O Daily	Testing Site Location O Loyola O Gottlieb O Mac Neal	Locations working - check all that apply O Loyola O Gottlieb O Mac Neal O CTRE

Below to be completed by Employee and Student Health only

Fit test Type	**Approved Respirator**	**Size**
(X) Qualitative	O Halyard (Kimberly Clark) N 95 Fluidshield*3 Particulate filter Respirator and Surgical Mask O Progear N 95 Particulate Filter Respirator and Surgical Mask O 3M V flex 1804 O PAPR 3M Versaflo TR- 6710N O 3M Half Facepiece 6000 series	O Small O Regular O Medium O Large

Approved to use the size and style N95 respirator indicated above	**Initial :**
Approved to use PAPR	**Initial :**
Above has received training on proper use of approved respirator	**Initial :**

EHS/SHS tester Signature: _____ Date: _____

Signature of person tested: _____Date: _____

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