

Medical Assessment Sheet for Respirator Fit Testing

Employee Name:	Employee ID:
Workplace:	Job Title:

SCREENING QUESTION	Yes	No	If yes, please explain.
Do you have current medical problem that causes of breath, wheezing, constant runny nose, or repeated cough like asthma, COPD, chronic bronchitis or severe allergies.			
Do you have a rash on your face or any skin condition likely to be aggravated or irritated a mask rubbing on it?			
Do you have a facial deformity, past major surgery to the face, or an unusually small jaw? (These factors may make fitting a mask more difficult.			
Have you worn a respiratory before? If so have you experienced problems wearing a respirator?			
Men only: If you have a beard, will you be willing to shave it off?			
Are you being treated for a breathing disorder or lung disease? (If so, specify medication.)			
Is there any medical reason why you think that it would be difficult or impossible for you wear an N95 respirator on the job?			

I have been instructed in and understand the proper fitting, use and care of the above named respirator. I understand that this equipment is not to be used in oxygen deficient or immediately dangerous to life and health (IDLH) atmospheres and is not to be used for other than the uses specified by the manufacturer. To my knowledge, I have no medical problems to prevent me from using this equipment.

Employee Signature

Date
