



Employee Name: _____

DOB: _____

N95 Respirator Mask:

3M 1860s **Size:** Small

KC/Halyard **Size:** Regular

3M 1860 **Size:** Regular

3M 1870+ **Size:** Universal

Other: _____

Fit Test:

- | | | |
|----------------------|-------------------------------|-------------------------------|
| 1. Normal Breathing | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| 2. Deep Breathing | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| 3. Head Side to Side | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| 4. Head Up and Down | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| 5. Jog in Place | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |

Are there any findings that would prevent this person from wearing an N95 Mask?: YES NO

Overall Fit Test Results: Pass Fail

Comments: _____

Fit Tester Printed Name

Fit Tester Signature

_____/20
Date

Clinic Location Stamp
