



Respirator Mask Fit Test Form

Employee Name: _____ DOB: _____

Please answer the following questions:

- Have you gained any significant weight in the last year? Yes No
- Have you lost any significant weight in the last year? Yes No
- Have you grown any facial hair since your last mask fit test? Yes No
- Have you had any facial procedures since your last fit test? Yes No
- Have there been any other events that would cause you to feel your mask fit may have changed? Yes No

Employee Signature

Date

N95 Respirator Mask and Fit Test:

- 3M 1860 Small 3M 1870 Kimberly Clark Duckbill Regular
- 3M 1860 Regular 3M 1870 + Other (specify): _____

- 1. Normal Breathing Pass Fail
- 2. Deep Breathing Pass Fail
- 3. Head Side to Side Pass Fail
- 4. Head Up and Down Pass Fail
- 5. Jog in Place Pass Fail

Overall Fit Test Results: Pass Fail

Fit Tester Printed Name

Fit Tester Signature

Date

Clinic Information (print or stamp)