Print Form

PRN Consultants

FIT TEST

I have been trained in the use, limitations, and maintenance of the 3M 1860 Particulate Respirator:

___ Yes ___ No Size: _____

I have passed the qualitative Fit Test: ___ Yes ___ No

Tested at (Hospital or Institution): _____

OR

I could not be Fit Tested due to: _____

_____

If I did not take or pass the fit test, I should not wear the 3M 1860 particulate respirator and, therefore, cannot care for patients under Airborne Precautions (TB Isolation).

If I gain or lose more than ten pounds, or if I have significant change in dental or facial structure (i.e. growing a beard), I will contact Infection Control so that I can be fit tested again.

NAME: _____

SIGNATURE: _____ DATE: _____