



Western
Health

Fit Test Form
HEALTH SCREENING TOOL

Employee:
Department:
Have you been fit tested for a respirator previously? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please note type of mask: _____
Do you have any allergies? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you know any reason why you may not be fit tested today? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain _____ _____
Signature of Employees: _____
Date: _____
Comments: _____ _____ _____ _____
Signature: _____

FIT TEST FORM *

Date: _____

Employee #: _____

Site: _____

Mask #	Passed	Failed
KC-46727 Reg	<input type="checkbox"/>	<input type="checkbox"/>
KC-46827 Small	<input type="checkbox"/>	<input type="checkbox"/>
KC-46767	<input type="checkbox"/>	<input type="checkbox"/>
KC-46867	<input type="checkbox"/>	<input type="checkbox"/>
3M-1860	<input type="checkbox"/>	<input type="checkbox"/>
3M-1860s	<input type="checkbox"/>	<input type="checkbox"/>
3M-1870+	<input type="checkbox"/>	<input type="checkbox"/>
3M-1805	<input type="checkbox"/>	<input type="checkbox"/>
3M-1805s	<input type="checkbox"/>	<input type="checkbox"/>
North CFR-1	<input type="checkbox"/>	<input type="checkbox"/>

- Health Screening Tool Completed
- Card Issued

Other: _____ Pass/Fail

I verify that I have been trained in the use of a respirator and provided with written instructions.

Employee signature

Fit tester signature