



**COLLEGE OF
NURSING &
HEALTH SCIENCES**

_____ / _____ / _____
Name: First, Last (Print) **Date of Birth** **A #** **Date of fit-test**

Has participant had anything to eat, drink (except water), smoked or chewed gum in the past 15 minutes? (circle ->)	Yes No
Mask being fit-tested:	N95
Has medical clearance been completed? (circle ->)	Yes No
Agent used for qualitative (sensitivity) fit testing:	Saccharin
Qualitative number of squeezes for sensitivity testing (enter number required to sense in adjacent column)	#
TESTING PROCEDURE (Each activity is conducted over 60 seconds.)	Individual conducting the fit-test is to initial each area upon successful completion.
Qualitative number of squeezes for testing conducted below (enter number of squeezes used for testing below)	#
Qualitative normal breathing (beginning of test):	
Qualitative deep breathing	
Qualitative side to side	
Qualitative nod up and down	
Qualitative read rainbow passage	
Qualitative bending forward touching toes and back (repeatedly)	
Qualitative normal breathing (end of test):	
Qualitative testing amount of time	
N95 Test Result (circle appropriate respirator & response)	Pass Fail
N95 Make, model and size as indicated on mask:	BYD N95 Particulate Respirator
Refit testing date (1 year from today)	
Education on respirator reuse (discard after 3 rd use or if visibly soiled)	
Education on respirator storage	
Education on donning/doffing respirator	
Education on use of general surgical mask over respirator	
Where and when to obtain replacement respirators	
Person conducting fit testing printed name / date:	
_____ Name	_____ Signature
_____ Date	

This portion is to be filled out by the evaluator.