



Respiratory Fit Test

Name: _____

Licensure: _____

Specialty: _____

Mask Type/Size:: _____

Date: _____

Please answer the following questions.

- | | | |
|--|-----|----|
| 1. Have you gained any significant weight in the last year? | YES | NO |
| 2. Have you lost any significant weight in the last year? | YES | NO |
| 3. Have you grown any facial hair since your last mask fit test? | YES | NO |
| 4. Have you had any facial procedures since your last mask fit test? | YES | NO |
| 5. Have there been any other events that would cause you to feel your fit mask may have changed? | YES | NO |

I have been informed of the policy regarding the use of my fit mask? YES NO

Signature: _____

Date: _____