QUALITATIVE FIT TEST RECORD

The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. The information collected will assist the professionals within the Centre for Growth and Harmony, including contractors in the appropriate fitting and documentation of a N95 mask. For information about the collection, use and disclosure of this information, please contact the Health and Community WIL (Work-Integrated Learning) Team, NorQuest College, 10215-108 Street, Edmonton, AB T5J 1L6, Tel 780.644.5873.

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
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</thead>
<tbody>
<tr>
<td>Student ID #:</td>
<td>Program:</td>
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</table>

**Have you previously been fit tested?**  
Yes ☐ No ☐

If Yes - Year: _______________  
Respirator Number: _______________

<table>
<thead>
<tr>
<th>Please answer the following questions</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you experienced a previous reaction from using a respirator?</td>
<td>☐</td>
<td>☐</td>
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<td>2. Certain medical conditions can potentially affect the ability to safely use a respirator. Among these are emphysema, the requirement to use an inhaler or oral medication while working, anxiety associated with confined spaces, chest pain, cardiovascular disease, chronic bronchitis, frequent cough, and shortness of breath. Do you have any medical conditions or concerns that may affect N95 respirator use?</td>
<td>☐</td>
<td>☐</td>
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<td>3. Do you have any allergies?</td>
<td>☐</td>
<td>☐</td>
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<td>If yes, please describe.</td>
<td></td>
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**Personal Appearance:** (circle any that apply)

- Clean Shaven
- Facial Hair
- Mustache
- Dentures
- Facial Scars
- Glasses
THE FOLLOWING SECTION IS TO BE COMPLETED BY A HEALTH NURSE ONLY:

Conditions that could warrant denial of fit testing include facial hair or if you have smoked, chewed gum or had anything to eat or drink in the 20 minutes prior to the test.

Does the individual meet the above criteria at this time to proceed with the fit test?  Yes ☐  No ☐

Is the above individual able to be fit tested?  Yes ☐  No ☐

If so, which fit testing method is appropriate?  ☐ Bitrex  ☐ Saccarin

Name of Nurse: _________________________________  Date: ______________

QUALITATIVE FIT TESTING (Bitrex)

Can the individual appropriately don/doff the respirator and perform positive/negative seal check:  Yes ☐  No ☐

Sensitivity Test:
# Squeezes:  10  20 ☐  30FAIL
(individual is not sensitive to Bitrex)

Was a successful test fit completed?  Yes ☐  No (refer out) ☐

Successful N95:  ☐  8210  1860  DTC3Z  Haylard

Model(s) Failed:  ☐  8210  1860  DTC3Z  Haylard

Comments: ________________________________________________________

Fit Tester: _________________________________  Date: __________________

QUALITATIVE FIT TESTING (Saccarin)
Can the individual appropriately don/doff the respirator and perform positive/negative seal check:   Yes          No

Sensitivity Test:
# Squeezes:  10          20          30
       FAIL

Saccarin)

Was a successful test fit completed?  Yes          No

Successful N95:  8210  1860  DTC3Z  Haylard

Model(s) Failed:  8210  1860  DTC3Z  Haylard

Comments: ________________________________________________________

Fit Tester: _________________________________  Date: ____________________

Revised November/2020