

## 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*

<b>Last Name:</b>	<b>First Name:</b>
<b>Student ID #:</b>	<b>Program:</b>

**Have you previously been fit tested?**

Yes  No

If Yes - Year: \_\_\_\_\_

Respirator Number: \_\_\_\_\_

<b><u>Please answer the following questions</u></b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
1. Have you experienced a previous reaction from using a respirator?	<input type="checkbox"/>	<input type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you have any allergies?  If yes, please describe.	<input type="checkbox"/>	<input type="checkbox"/>	
<b><u>Personal Appearance:</u></b> (circle any that apply)			
Clean Shaven      Facial Hair      Mustache  Dentures          Facial Scars      Glasses			

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised November/2020



**\*\*\*OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE\*\*\***

**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  Saccharin

Name of Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

**QUALITATIVE FIT TESTING (Bitrex)**

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

**Sensitivity Test:**  10  20  30  FAIL  
# Squeezes: (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 (Saccharin)**

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

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

**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:** \_\_\_\_\_