Working Environment, Medical Approval and Fit Testing Forms
(To be completed by a licensed health care professional and given to Program Administrator and employee)

Employee: ___________________ ID#________________
Employer: ___________________

Working Environment Form

Categorization of Workload* Light Moderate Heavy

Will the user be working under hot conditions (temperature exceeding 77° F (circle one): Yes No

Hazards to be protected against (e.g., infectious diseases, dust, fumes, vapors): _______________________

Type of respirator to be assigned: _______________________

Special Considerations: _______________________

Medical Approval Form

_____ This person can wear a respirator without restrictions
_____ This person can wear a respirator subject to the following restrictions:

PLHCP Signature ___________________ Date ______________

Fit Testing Form

Respirator Selected:
Type____________ Manufacturer____________ Model____________

NIOSH Approval Number______________ Size____________

☐ Qualitative Fit Testing Protocol
Sensitivity: (circle # of squeezes) Results:
Saccharin (# Squeezes 10, 20, 30) Pass____ Fail____
Bitrex (#Squeezes 10, 20, 30) Pass____ Fail____

Fit Test Agent: Filters/ Cartridges: Results:
Saccharin Particulate HEPA Filters Pass____ Fail____
Bitrex Particulate HEPA Filters Pass____ Fail____

☐ Quantitative Fit Testing Protocol - CNC PortaCount: ______________
Pass (list Fit Factor) Fail (list Fit Factor) ______________

Test Conductor’s Signature ___________________ Date ______________