



**SAINT LOUIS UNIVERSITY**  
—  
**STUDENT HEALTH CENTER**

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Student Health Center  
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**CERTIFICATE OF EXAM---RESPIRATOR FIT TEST**

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

**Date of Birth:** \_\_\_\_\_

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

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

**Respirator Manufacturer:** \_\_\_\_\_

<b>Model:</b>	<b>N95 Particulate Respirator</b>	<b>Pro Gear</b>
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<b>NIOSH approval #</b>	<b>RP88020</b>	<b>RP88010</b>
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<b>Size:</b>	<b>Regular</b>	<b>Small</b>
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<b>Testing Method:</b>	<b>Qualitative-Bitter</b>	<b>Sweet</b>
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☐ This patient **FAILED** the respirator physical / fit testing procedure.

This patient is **NOT** cleared to wear respirator protection.

Examiner's signature and Date \_\_\_\_\_

Patient's signature and Date \_\_\_\_\_

☐ This patient **PASSED** the respirator physical / fit testing procedure.

The patient may wear respirator specified above.

**Acknowledgement of Understanding of User Instructions and Limitations.**

I understand the User Instructions for the type of respirator model used during the test procedure and the limitations of the respirator. I will follow these instructions every time I use the respirator. **I understand this certification expires one year from the date of my signature below and I will seek fit testing before I continue to use the respirator past that date.**

**If any of the following occur, I will notify the Student Health office so that fit testing may be repeated:**

Weight change of 20 or more pounds

Significant facial scarring

Facial surgery

Dental changes

Facial hair growth

Throat/nose irritation when I am wearing the respirator

Odor of contaminants occurs when I am wearing the respirator

Examiner's signature and Date \_\_\_\_\_

Patient's signature and Date \_\_\_\_\_

## **USER INSTRUCTIONS**

OSHA requires fit testing for all employees who wear respirators. To ensure that PFR95 Particulate Filter Respirators provide the intended level of protection, every wearer should receive training. This includes demonstrations and practice time on how to properly don the respirator and to determine if it fits correctly.

### **Directions for Proper Donning 3M 1860-1860S Respirator**

Proper donning of a PFR95 Particulate Filter Respirator may feel a little awkward at first, but it will become easier with repeated applications. The following instructions should be followed when donning this product:

1. Cup the respirator in your hand with the nosepiece at fingertips, allowing the head straps to hang freely below hand.
2. Position the respirator under your chin with the nosepiece up.
3. While holding the respirator in place, pull the top strap over your head so it rests high on the back of your head.
4. While continuing to hold the respirator firmly in place, pull the bottom strap over your head and position it around your neck, below your ears. Untwist the straps. Position the respirator low on your nose.
5. Using both hands, mold the nosepiece to the shape of your nose by pushing inward while moving your fingertips down both sides of the nosepiece. (Note: Always use two hands when molding nosepiece. Pinching with one hand may result in improper fit and less effective respirator performance.)
6. Now, perform a positive pressure Fit Check.

### **Directions for Fit Checking:**

To ensure PFR95 Particulate Filter Respirators are providing the intended level of protection, they **MUST** be "Fit Checked" each and every time they are worn.

To perform the fit check, place both hands completely over the respirator, being careful not to disturb the position, and exhale sharply. If air leaks around your nose, adjust the nosepiece as described in step 5. If air leaks at respirator edges, adjust the straps back along the sides of your head. Perform fit check again if an adjustment is made. If you cannot achieve a proper fit, see your supervisor. Do not enter area requiring use.

Note: Fit Checking is NOT a substitute for Fit Testing. Fit Checking is a simple procedure intended to help the wearer verify that he/she has properly donned the respirator. Fit testing is designed to determine the appropriate size respirator for each wearer. Fit Testing should be conducted as determined in your facility's respiratory protection program.

### **Tips for Achieving a Good Fit**

If the wearer is having a problem successfully Fit Checking the respirator, he/she should try the following tips:

1. Use a mirror while adjusting the respirator.
2. Ask someone to look for the hair or earrings that might be caught in the seal.

## **SAFETY REMINDER**

The respirator must be Fit Checked each and every time it is donned.

Do Not proceed with activities until a successful Fit Check has been completed.

## OSHA Respirator Medical Evaluation Questionnaire

Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Banner: \_\_\_\_\_

Department: \_\_\_\_\_

Date \_\_\_\_-\_\_\_\_-\_\_\_\_ Age: \_\_\_\_ Sex (circle one): Male Female

**To the employer:** Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination. However, it does require that a Physician or Licensed Health Care Professional (PLHCP) review this questionnaire and provide a medical evaluation to determine the employee's ability to use a respirator before the employee is fit tested or required to use the respirator in the workplace. 29 CFR 1910.134(e) (1)

**To the employee:**

**Can you read? (Circle one) Yes/No**

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

### Part A. Section 1. (Mandatory)

The following information must be provided by every worker who has been selected to use any type of respirator (please print).

1. Height: \_\_\_\_ft. \_\_\_\_in. Weight \_\_\_\_\_lbs.
2. A phone number where you can be reached by the healthcare professional who reviews this questionnaire (include the Area Code)
3. The best time to phone you at this number: \_\_\_\_\_
4. Yes No Has your employer told you how to contact the health care professional who will review this questionnaire?
5. Check the type of respirator you will use (you can check more than one category):
  - a.   N   N, R, or P disposable respirator (filter-mask, non-cartridge type only).
  - b. \_\_\_\_\_ Other type (for example, half or full-face-piece type, powered-air purifying, supplied air, self-contained breathing apparatus).
6. Yes No Have you worn a respirator?

If "yes", what type (s): \_\_\_\_\_?

**Part A. Section 2. (Mandatory)** Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Yes No Do you currently smoke tobacco, or have you smoked tobacco in the last month
2. Have you ever had any of the following conditions?

Yes No a. Seizures (fits) Yes No b. Diabetes (sugar disease) Yes No c. Allergic reactions that interfere with your breathing

Yes No d. Claustrophobia (fear of closed-in places) Yes No e. Trouble smelling odors

Yes	No	a. Asbestosis	Yes	No	b. Asthma	Yes	No	c. Chronic bronchitis		
			Yes	No	d. Emphysema					
Yes	No	e. Pneumonia	Yes	No	f. Tuberculosis	Yes	No	g. Silicosis		
		Pneumothorax						Yes	No	h.
Yes	No	i. Lung cancer	Yes	No	j. Broken ribs	Yes	No	k. Any chest injuries or surgeries		
Yes	No	l. Any other lung problem that you've been told about								

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

Yes	No	a. Shortness of breath
Yes	No	b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline
Yes	No	c. Shortness of breath when walking with other people at an ordinary pace on level ground
Yes	No	d. Have to stop for breath when walking at your own pace on level ground
Yes	No	e. Shortness of breath when washing or dressing yourself
Yes	No	f. Shortness of breath that interferes with your job
Yes	No	g. Coughing that produces phlegm (thick sputum)
Yes	No	h. Coughing that wakes you early in the morning
Yes	No	i. Coughing that occurs mostly when you are lying down
Yes	No	j. Coughing up blood in the past month
Yes	No	k. Wheezing
Yes	No	l. Wheezing that interferes with your job
Yes	No	m. Chest pain when you breathe deeply
Yes	No	n. Any other symptoms that you think may be related to lung problems

Yes No a. Heart attack

Yes No b. Stroke

Yes No c. Angina

Yes No d. Heart failure

Yes No e. Swelling in your legs or feet (not caused by walking)

Yes No f. Heart arrhythmia (heart beating irregularly)

Yes No g. High blood pressure

Yes No h. Any other heart problem that you've been told about

6. Have you ever had any of the following cardiovascular or heart symptoms?

Yes No a. Frequent pain or tightness in your chest?

Yes No b. Pain or tightness in your chest during physical activity

Yes No c. Pain or tightness in your chest that interferes with your job

Yes No d. In the past two years, have you noticed your heart skipping or missing a beat?

Yes No e. Heartburn or indigestion that is not related to eating

Yes No f. Any other symptoms that you think may be related to heart or circulation problems

7. Do you currently take medication for any of the following problems?

Yes No a. Breathing or lung problems

Yes No b. Heart trouble

Yes No c. Blood pressure

Yes No d. Seizures (fits)

8. If you have used a respirator, have you ever had any of the following problems? (If you have never used a respirator, check the following space \_\_\_\_\_ and go to question 9).

Yes No a. Eye irritation

Yes No b. Skin allergies or rashes

Yes No c. Anxiety

Yes No d. General weakness or fatigue

Yes No e. Any other problem that interferes with your use of a respirator

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?

Yes No