Augusta University
TB RESPIRATOR MEDICAL EVALUATION & FIT TEST RECORD
In accordance with 29 CFR 1910.134

This questionnaire is used to assist in determining whether you have a medical condition that may affect your ability to wear a respirator. In some cases, we may ask for more information than is on the questionnaire. Fit testing, if required, is done separately. All medical information is considered confidential. Health care workers with a history of cardiac and or pulmonary problems are required to take this form to their physician for written approval to wear a respirator. This form must be completed prior to testing and all information must be completed for respirator approval.

Name:	**DOB:**	**School:**

Medical History			**Review of Symptoms**		
Has a doctor ever told you that you had any of the following?:	**Yes**	**No**	**Have you ever experienced any of these symptoms?**	**Yes**	**No**
1. Angina			8. Are you short of breath at rest?		
2. Heart Attack			9. Do you become short of breath when walking?		
3. Heart Disease			10. Do you become short of breath at work?		
4. Lung Disease (emphysema, asthma, chronic bronchitis, COPD, etc.)			11. Do you get chest pain with certain activities?		
5. Do you have medical problems that might interfere with respirator use?			12. Have you ever had problems that might interfere with respirator use?		
6. Smoking History: Smoker☐ Ex-Smoker☐ Never Smoked☐			13. Do you have a sensation of smothering or claustrophobia when wearing a mask?		
7. List any medications you are currently taking:			14. Have you had a significant weight loss or gain, facial surgery/trauma since you were last fit tested?		
			Men Only: Have you grown a beard or goatee in the past year?		

Explain Yes Answers (include question #):

Are you currently fit-tested? ☐ Yes ☐ No Date of last fit test: _____

If so, which N-95 Size: ☐ Small ☐ Regular ☐ Not sure

How many times in the past year did you use a mask/respirator? _____

X Student Signature:	**Date:**

Office Use Only (completed by Student Health staff):

Test Date: _____ **Solution used: ☐ Bittrex ☐ Saccharin**

Fit Test Results: ☐ Pass ☐ Fail **Mask Size: ☐ Small ☐ Regular**

Brand Mask Used: ☐ KC N95 ☐ 3M N95

☐ Received Respirator Information Sheet **☐ Completed Learning Objectives**

Describe any difficulties encountered during fit testing:

Signature of Health Care Provider:	**Date:**