

## **RESPIRATOR CERTIFICATION FORM**

Name:	Student	ID:	Date of Birth:
Department::			
Home Address:			Phone:
□ Fit for respin □ Additional t □ Not fit for re	rator use with no restriction rator use with mild restrict esting needed before fitnes espirator use	tions or accommodations	,
Signature of Medical Pra	actitioner	Date:	
issued.			and maintenance of respirator
□ N95 3M/1860/S	□ N95 3M/8210/R	□ N95 Moldex/1510/XS	
N95 3M/1860/R	□ N95 3M/8210/S	□ N95 Moldex/1511/S	□ N95 Moldex/1513/L
II. FIT TESTING The employee w		respirator using the follow	ving method and passed the
□ Saccharin – S □ Smoke	sitivity (circle one) 10 20 Sensitivity (circle one) 10		
CERTIFICATION			
certified to v	ully completed medical cl vear the respirator issued e certified for respirator u		esting (Sections I-III) and is
Comments			
Signature of Instructor		Date	
-	ACKNOV	VLEDGEMENT	
	irator and agree to use it acc niversity and the manufactu	ordingly to all provisions of er's guidelines.	the Respiratory Protection
Student's Signature		 Date	
	Department of Environmenta	al Health and Safety - Rev. 3 - 3/2	2020