

## REPORT OF ANNUAL RESPIRATORY FIT TEST/TRAINING

A. Employee: \_\_\_\_\_ ID# \_\_\_\_\_

Rank:  P  FF  LT  CP  CH Assignment: \_\_\_\_\_

B. Since the last FIT test:

- Has there been a change in your Medical status that would preclude you from wearing a Respirator? (See *Respirator Use Categories* section of this form)  Yes  No
- A weight gain/loss of 20 lbs. or more?  Yes  No

C. Heart Rate: 1. \_\_\_\_\_ 2. \_\_\_\_\_

(If  $\geq 100$  bpm, provide 5-minutes rest: if still  $\geq 100$  bpm, refer to medical provider for clearance)

D. Resting Blood Pressure: 1. \_\_\_\_\_ 2. \_\_\_\_\_

(If  $\geq 160/100$ , provide 5-minutes rest: if still  $\geq 160/100$  refer to medical provider for clearance)

E. Respirator Selected: \_\_\_\_\_ MSA/ Other \_\_\_\_\_

Face piece size: \_\_\_\_\_

F. Conditions Which Could Affect Respirator Fit: (*Check if exist*)

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> glasses      | <input type="checkbox"/> 1-2 day beard growth |
| <input type="checkbox"/> moustache    | <input type="checkbox"/> 2+ day growth        |
| <input type="checkbox"/> facial scar  | <input type="checkbox"/> Other                |
| <input type="checkbox"/> clean shaven | <input type="checkbox"/> None                 |

Comments: \_\_\_\_\_

G. Able to detect challenge agent:  Yes  No

H. Fit Checks: Negative pressure  Pass  Fail  Not Done

I. Fit Testing: Quantitative aerosol challenge method  Pass  Fail

Comments \_\_\_\_\_

*This record indicates that you have  passed or  failed a qualitative fit test as shown above for the particular respirator shown. Other types shall not be used until fit tested.*

*If you have failed this test, you shall be referred back to the Department's medical provider.*

Employee acknowledgement of test results:

Employee signature: \_\_\_\_\_ Date \_\_\_\_\_

Test conducted by: \_\_\_\_\_ Date \_\_\_\_\_

**Respirator use categories.** Relevant limitations on respirator use related to the medical conditions of the member, including limitations imposed by the emergency operations, may place a member in the restricted or no use categories.

**Restricted Use:**

- Moderate pulmonary disease.
- Moderate hypertension.
- History of myocardial infarction.

**No Use (contraindications):**

- Severe pulmonary disease.
- Severe hypertension.
- Angina pectoris or arrhythmias.
- Recent myocardial infarction.
- Claustrophobia/anxiety reaction.
- History of spontaneous pneumothorax.
- Has persistent dry or moist rales.
- X-ray denoting fibrosis or modulation in the lungs, pleural thickening, pleural plaques or pleural calcification.
- Suffers from claustrophobia.
- Suffers from emphysema.
- Suffers from asthma, chronic bronchitis, diabetes, heart disease, hypertension, epilepsy, hemophilia, or kidney disease.
- Suffers from perforated eardrums.