Mask Fit Testing - Instructions

Please review the following requirements before arriving for your mask fit test:

- Do not eat, chew gum, smoke, or vape for 30 minutes before your test. Water is permitted.
- If you shave, please ensure you are clean shaven for at least 12 hours before your fit test.
- Bring any glasses or other PPE that you would normally wear while working.
- If you have completed a mask fit test previously, please bring your previous mask or the make and model of the mask.
- Print and bring the next two sheets: the Fit Test Record and Medical Questionnaire.
- Please ensure the Medical Questionnaire is filled out before your testing.

Thank you for choosing Rural Rescue First Aid Training for your mask fit test. See you soon!



Qualitative Fit Test Record

Full Name: _____

Date: _____

Company/Department: _____

Test Agent/Solution: BITREX

Respirator Model: _____

Manufacturer: _____

Exercise (30-second test)	**Full Face (Pass/Fail)**	**Half Face (Pass/Fail)**
Normal Breathing		
Deep Breathing		
Head side-to-side		
Head up-and-down		
Talking		
Bending over (optional)		

Test Completed By: Rural Rescue First Aid Training

Mask Fit Tester: _____

Mask Fit Expiry: _____

Fit Test Medical Questionnaire

Full Name: _____

Date: _____

Have you completed a fit test before?_____

If yes, what mask were you fit tested for?_____

Please select yes or no for the following questions:
Do you or have you recently had any of the following respiratory conditions?

COPD	☐ Yes	☐
No		
Asthma	☐ Yes	☐ No
Bronchitis	☐ Yes	☐ No
Emphysema	☐ Yes	☐ No
Persistent Cough	☐ Yes	
☐ No		
Other causes of shortness of breath	☐ Yes	☐ No

Do you or have you recently had any of the following conditions?

Epilepsy	☐ Yes	☐ No
Seizure Disorder	☐ Yes	☐ No
History of fainting	☐ Yes	☐ No
Heart Condition(s)	☐ Yes	☐ No
High Blood Pressure	☐ Yes	☐ No
Low Blood Pressure	☐ Yes	☐ No
Claustrophobia	☐ Yes	☐ No

If you are pregnant you should consult your health practitioner prior to taking the fit test. If you answered Yes to any of the above you MUST have a health practitioner's medical clearance to complete the fit test.

I, _____, understand the risks associated with taking the fit test and wearing a respiratory mask. I understand it is recommended I speak to a health practitioner prior to this test if I have any of the above conditions and I have either received medical consent or am waiving the need to do so.

_____
Signature