



Mask Fit Test Confirmation

On this date, _____, I _____ agree to receive a mask-fit test.
(date) (print full name)

During this test, I will be asked to:

- Conduct a sensitivity phase in which an irritant will be directed in the direction of my face to ensure that I can detect the irritant via taste/sense.
• Place the mask on my face and ensure it has a good seal on all edges.
• Have irritant agent directed toward my face while performing the following mask fit test exercises:
o Turn head side to side repeatedly
o Nod head up and down repeatedly
o Bend forward and backward at the waste repeatedly
o Read out loud a designated script.

I agree to receive the mask fit test with these parameters.

Student/Employee Signature: _____

- Originally, prior to placing a mask on my face, I did taste/sense the irritant during the sensitivity phase. _____ (initials)
• I did not taste/sense the irritant during the testing phases. _____ (initials)
• I was issued the mask that I was properly fitted with that functioned properly during the testing. _____ (initials)
• I understand that this fit-test was specific to the type and size of mask I received. _____ (initials)
• _____ (Brand/Make) _____ (Size)

Student/Employee Signature: _____ ID# _____ Date: _____

Test Proctor Signature: _____