Frequently-Asked Questions about Respirator Fit-Testing

Q: “What must I do to be fit-tested to wear a respirator?”
A: Occupational Safety and Health Administration (OSHA) standards [CFR 1910.134(e)(1)] require that personnel who must wear respirators must be medically evaluated prior to being fit-tested. Personnel may not wear respirators nor be fit-tested prior to medical evaluation.

Q: “How do I know if I am required to wear a respirator?”
A: All healthcare workers who come into close contact with patients are considered at risk for airborne pathogens exposure.

Q: “I had a pre-employment physical and everything was okay. Will that physical meet the respirator medical screening requirement?”
A: No. The medical screening for respirator use is a focused screening that evaluates other aspects of your health; therefore your pre-employment physical does not meet the respirator requirements.

Q: “What am I supposed to ask for when I go to the doctor for my medical screening for respirator use?”
A: Take a copy of the Medical Questionnaire for Respiratory Use to your health care provider. This questionnaire will assist your provider in evaluating the pertinent criteria.

Q: “Where did American Traveler get their questionnaire?”

Q: “Okay, I have completed my health screening and have been cleared to use a respirator. Now what?”
A: You will present your medical clearance documentation upon arrival at your assignment. If you are cleared for respirator use, you will be scheduled to receive instruction and fit-testing for your respirator at the next regularly scheduled fit-testing session for that facility.

Q: “What if I, my agency supervisor, or my health care provider has questions about the Respiratory Protection Standard or screening and fit-testing process?”
Respirator Fit Mask Testing

Beginning July 2005, OSHA made Fit Mask Testing an annual requirement. Please take the time to fill in the information below.

A Respirator Fit Mask Test must be completed by an individual trained in respiratory fit testing procedures. The date of testing is required. If you have back up documentation of when you completed the testing, please provide it.

I, ______________________________, have been tested and fit with an OSHA-approved TB respiratory fit mask on ____/____/____.

Type: ___________________________  Size: ___________________________
Make/Model: ______________________  Pass: ______  Fail: ______

_________________________________  ____/____/____
Employee Signature      Date

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EXAMINATION COMPLETED BY:

I attest the information here is true and accurate.

Signature _______________________  Date _______________________

_______________________________  (_____)_______-_________
Name                         Phone

_____________________________
Address

City State Zip