



## N95 respirator fit test assessment form.

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Name: \_\_\_\_\_

Age: \_\_\_\_\_  Female  Male

Current affiliation: \_\_\_\_\_

First test (dd/mmm/yyyy): \_\_\_\_\_ Second test (dd/mmm/yyyy): \_\_\_\_\_

Has subject received previous training on the use of N95 respirators?  Yes  No

Date of last fit test (dd/mmm/yyyy): \_\_\_\_\_ Result:  Passed  Failed

Number of squeezes required during sensitivity testing: \_\_\_\_\_  Bitter insensitive

Was the bitter solution detected during NORMAL BREATHING test?  Yes  No

Was the bitter solution detected during DEEP BREATHING test?  Yes  No

Was the bitter solution detected during HEAD TURNING test?  Yes  No

Was the bitter solution detected during HEAD NODDING test?  Yes  No

Was the bitter solution detected during TALKING test?  Yes  No

Was the bitter solution detected during BENDING OVER test?  Yes  No

Fit test result:  Passed  Failed  Retested \_\_\_\_\_ times  Asked to return

***Dr. Christian A. García-Sepúlveda***  
Principal Investigator  
Viral & Human Genomics Lab  
Facultad de Medicina UASLP

***Dr. Sandra E. Guerra-Palomares***  
Associate Investigator  
Viral & Human Genomics Lab  
Facultad de Medicina UASLP

