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| School of Medicine, Student Affairs  | **SCHOOL OF MEDICINE EXTERNAL FIT TEST RECORD** |
| **Last Name:**  | **UWNetID:**  |
| **Full First Name:**  | **Employee/Student ID #:**  |
| **Signature:** |
| **EXTERNAL FIT TEST PROVIDER** |
| **Company Name:**  | **Address:**  | **Phone:** **Web/email:**  |
|  |
| **FIT TEST RECORD** |
| **Make/Model (Circle)** | **□ Qualitative Fit**  | ***□*** **Quantitative Fit** |
| **3M 1870+****3M 8200****3M 9210+****Halyard R 46727****Halyard S 46827****BYD DE2322****Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Qualitative Agent:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****# Puffs to Taste:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****PASS/FAIL (circle one)** | **Normal Breathing** |  |
| **Deep Breathing** |  |
| **Side-side** |  |
| **Up-Down** |  |
| **Talking** |  |
| **Grimace** |  |
| **Bends** |  |
| **Normal** |  |
| **Overall Score:** |
|  |
| **Instructor/Fit Tester Name:** | **Instructor/Fit Tester Signature:** |
| **Date:**  |
|  **Notes**  |
| Students – submit your fit test record via this link: <https://forms.office.com/r/ahVQMDFa4v>. File size limit 10MB.Send questions to Laura Ellis, UWSOM Compliance Director, lbellis@uw.edu  |