|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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](mailto:lbellis@uw.edu) | | | | | | | |