School of Medicine, Student Affairs

UNIVERSITY of WASHINGTON

SCHOOL OF MEDICINE EXTERNAL FIT TEST RECORD

Last Name:	**UW NetID:**
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 8210** **3M 1860 Small** **Halyard R 46727** **Halyard S 46827** **Kleengard RA3315** **Other:_____**	**Qualitative Agent:** _____ **# Puffs to Taste:** _____	**Normal Breathing**	
		Deep Breathing	
		Side-side	
		Up-Down	
		Talking	
		Grimace	
		Bends	
		Normal	
	PASS/FAIL (circle one)	**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/NxkQKr0wCe . File size limit 10MB.

Send questions to Laura Ellis, UWSOM Compliance Director, lbellis@uw.edu