



### Mask Fit Test Confirmation

On this date, \_\_\_\_\_, I \_\_\_\_\_ agree to receive a mask-fit test.  
(date) (print full name)

During this test, I will be asked to:

- Conduct a sensitivity phase in which an irritant will be directed in the direction of my face to ensure that I can detect the irritant via taste/sense.
- Place the mask on my face and ensure it has a good seal on all edges.
- Have irritant agent directed toward my face while performing the following mask fit test exercises:
  - Turn head side to side repeatedly
  - Nod head up and down repeatedly
  - Bend forward and backward at the waste repeatedly
  - Read out loud a designated script.

I agree to receive the mask fit test with these parameters.

Student/Employee Signature: \_\_\_\_\_

- Originally, prior to placing a mask on my face, I did taste/sense the irritant during the sensitivity phase. \_\_\_\_\_  
(initials)
- I did not taste/sense the irritant during the testing phases. \_\_\_\_\_  
(initials)
- I was issued the mask that I was properly fitted with that functioned properly during the testing. \_\_\_\_\_  
(initials)
- I understand that this fit-test was specific to the type and size of mask I received. \_\_\_\_\_  
(initials)

Student/Employee Signature: \_\_\_\_\_ ID# \_\_\_\_\_ Date: \_\_\_\_\_

Test Proctor Signature: \_\_\_\_\_