



Respirator Fit Test Waiver Form

Please complete only one section:

I, _____

_____ have been previously fitted for a N-95 respirator*

Brand: _____

Size: Small _____ Medium _____ Large _____

Date tested: _____

**Please provide us with a copy of your N-95 Fit Test.*

OR

I, _____ *have not* been previously fitted for a N-95 Respirator and I have chosen not be fitted for a mask at The Nurse Agency. I further waive The Nurse Agency from any responsibility or liability in this manner.

Signed: _____

Date: _____