



RESPIRATOR CERTIFICATION FORM

Name: Student ID: Date of Birth:
Department:
Home Address: Phone:

I. MEDICAL CLEARANCE

- Fit for respirator use with no restrictions
Fit for respirator use with mild restrictions or accommodations (see comments)
Additional testing needed before fitness can be determined
Not fit for respirator use

Comments:

Signature of Medical Practitioner Date:

II. TRAINING

This employee has been trained in the appropriate use, limitations and maintenance of respirator issued.

Table with 4 columns of respirator models: N95 3M/1860/S, N95 3M/8210/R, N95 Moldex/1510/XS, N95 Moldex/1512/M, etc.

Other:

III. FIT TESTING

The employee was fit tested for the above respirator using the following method and passed the test.

- Bitrex - Sensitivity (circle one) 10 20 30
Saccharin - Sensitivity (circle one) 10 20 30
Smoke
Other

CERTIFICATION

- has successfully completed medical clearance, training and fit testing (Sections I-III) and is certified to wear the respirator issued.
Could not be certified for respirator use (see comments).

Comments

Signature of Instructor Date

ACKNOWLEDGEMENT

I was issued the above respirator and agree to use it accordingly to all provisions of the Respiratory Protection Program of Stony Brook University and the manufacturer's guidelines.

Student's Signature Date