

**P2/N95 Respirator Fit Test Certification  
Inbound Elective Placements**

**Medical School**

*Inbound elective students are required to complete this form and attach a copy to their placement application form.*

**1. STUDENT DETAILS**

Name			
Home institution			
Placement dates	Start date:	Finish date:	

**2. RESPIRATOR FIT TESTING DETAILS**

<p>Have you been successfully fit tested for at least one of the approved particulate filter (P2/N95) respirators listed here?</p> <p>Please note, some respirators may not be available at all placement sites so fit testing for at least two of these respirators is desirable.</p>	<p>Yes</p> <p><i>Please select which respirator(s) you have been fit tested for:</i></p>		
	3M 1870+	Trident RTCFFP2	Halyard Fluidshield N95
<p>No</p> <p><i>Please contact Keys Human Resources via the details below to arrange a respirator fit test to be conducted prior to the commencement of your clinical placement. Once you have successfully completed the fit test you will be issued with a cert. card – please send a copy to the FoM clinical admin team at <a href="mailto:med.clinicaladmin@uq.edu.au">med.clinicaladmin@uq.edu.au</a></i></p> <p>Keys Human Resources Ph: 1300 096 617 E: <a href="mailto:fittesting@keyshr.com">fittesting@keyshr.com</a> W: <a href="https://www.fittestingservices.com.au">https://www.fittestingservices.com.au</a></p>			
	<p>If <b>Yes</b>, indicate:</p> <ul style="list-style-type: none"> <li>- name of respirator/s</li> <li>- date of expiry (One year from the test date)</li> </ul> <p>If fit tested for more than one respirator, please include all.</p>	<p>3M 1870+</p> <p>Date of expiry:</p>	<p>Trident RTCFFP2</p> <p>Date of expiry:</p>
<p><i>NOTE: If the expiry date is before or during your placement you must arrange retesting with Keys Human Resources as above</i></p>			
<p>Indicate the protocol* used for the fit test?</p> <p>*Fit testing must be conducted according to certain validated <a href="#">protocols</a></p>	OSHA 1910.134	HSE 282/28	ISO16975-3
	ANSI Z.88.10	INDG-479	Other
	<p>If <b>other</b>, please specify:</p>		

**Please attach a copy of the successful fit test certificate/card.**

**I confirm the information contained in this form is correct.**

Name			
Signature		Date	

**OFFICE USE ONLY**

Proof of successful respirator fit test provided	Yes	No
Does the fit test meet requirements? (brand/models of respirators listed, approved protocol)	Yes	No
Approved	Yes	No
Name		
Signature		Date