Stanford HEALTH CARE
STANFORD MEDICINE

Stanford Children's Health | Lucile Packard Children's Hospital Stanford

Occupational Health Services

Respiratory Protection Program- Annual Fit Testing

Name: _____ **Date:**_____ StanfordUniversity

Department: School of Medicine

Job Title: Medical Student (MD/MSPA)

Phone #_____ **DOB:**_____

Label

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Have you had any problems or difficulties using a respirator in the past? Yes No
   If YES, please speak with an OHS health care provider.

Employee Signature:_____

This person has passed the QLFT ☐ Yes ☐ No

Mask: 3M Model: ☐ 1860 ☐ 1860s ☐ 1870 +

Others: _____ _____
Make Model

☐ This person needs to complete the Heatlhstream model for CAPR and return the certification of completion to OHS.

CAPR Training can be requested by emailing: OccHealth@stanfordhealthcare.org

Fit tester signature: _____