N95 Respirator Fit Facial Hair Notification and Waiver

I ____________________________, certify that I am aware of Section 3.26 of the School of Medicine MD Program Handbook and Policy Manual that all medical students are required to be fit tested for a N95 Respirator on an annual basis. I am requesting an exemption from this policy for personal religious and/or medical reasons.

I understand that the presence of a beard or other facial hair will interfere with the direct contact between the face and the sealing of the surface of the respirator and therefore reduces the effectiveness.

I understand that the Stanford Hospital and Clinics Occupational Health Services oversees the mask-fit process, and they are unable to fit any student with a beard or facial hair and therefore I cannot participate in the N95 mask-fit process. I will be solely responsible for completing the CAPR (Controlled Air Purifying Respirator) online training course through Healthstream and providing the Office of Medical Education proof of completion within 7 days of my signing this form.

I understand that hooded supplied air-systems, which do seal over facial hair, may not be readily available for my use when N95 mask protection is required. Many parts of medical education involve situations where I may be required to wear N95. These tasks that require the N95 mask include entering isolation rooms and other activities involving close contact with potentially infected persons, surgical rotations, other hospital or clinic sites. Sites for which no CAPR equipment is available include the Stanford Student Run Clinics and other affiliated sites.

I understand that failure to comply with these requirements may prevent me from participating in clinical activities including, in some emergent cases at the Medical Center where the CAPR units are first available to faculty, then residents, and there will be no guarantee that I would be able to participate in those cases.

I understand that my inability to participate in some activities because I am choosing not to comply with the requirements for being fitted for a N95 Respirator during my training may result in deficiencies in my work or may result in failure to fulfill requirements.

__________________________________________  ______________________
Signature        Date

Instructions for CAPR requirement:

1. Go to www.healthstream.com/hlc/stanford
2. Enroll in and complete “Donning & Doffing MaxAir CAPR System”
3. Print certificate and bring it to Occupational Health Services to receive CAPR decal for hospital badge.
4. Send this completed form and a copy of your certificate to: jshields@stanford.edu.
5. Complete the N95 Respirator Fit Testing Self Attestation Form.

If you require further hands on CAPR training, please contact: croy@stanford.healthcare.org