



N95 Respirator Fit Testing Waiver & CAPR Notification

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 the following reason(s):

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.

I understand that this 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, which may result in deficiencies in my work or the inability to fulfil requirements.

Signature

Date

Instructions for CAPR requirement:

1. Email jshields@stanford.edu to request enrollment in the CAPR Healthstream training module.
2. Go to www.healthstream.com/hlc/stanford 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