

**Medishare Environmental Health & Safety Services
N-95 (Tuberculosis) Respirator Evaluation**

The undersigned student - employee (please circle) of **Evergreen College** acknowledges that he/she is being provided access to this respiratory fit testing and training regimen at the request of Santa Clara Valley Medical Center and **Evergreen College**. The undersigned acknowledges that they are solely being provided with N-95 fitting instructions. Any other components of the OSHA and Cal-OSHA Respiratory Protection Standard including additional usage and training instructions, medical surveillance, and their implementation are the responsibility of their licensed healthcare practitioner or their school or employer.

Santa Clara Valley Health System and Medical Center has determined that one component of their program for providing their staff and employees protection from certain infectious agents involves the use of respiratory protective devices; these could include N-95 and/or N-100 and/or P-100 filtration media. Medishare Environmental Health & Safety Services provides no warranty that these individuals will be fully protected from tuberculosis or any other infectious agent when these devices are properly used. The only services being provided are to provide fit testing as described in the Cal-OSHA Respiratory Protection Standard. Cal-OSHA requires that fit testing be conducted annually; Medishare EH&S takes no responsibility in rescheduling new tests. By signing below, the student or employee acknowledges that a licensed healthcare professional has determined that they are medically qualified to utilize respiratory protection in accordance with the Cal-OSHA and OSHA Respiratory Protection Standard.

Personnel will be instructed on the proper method for donning the respiratory protective devices and will be qualitatively fit tested as described in the OSHA Respiratory Protection Standard. If the student or employer requests additional information on respiratory protection, tuberculosis, or infectious diseases, they should refer to the Cal-OSHA and OSHA Respiratory Protection Standard, as well as information provided by the National Institutes of Occupational Safety & Health (NIOSH), the Centers for Disease Control and Prevention (CDC), College Faculty & and the manufacturer(s) of the respiratory protection.

(Last Name) (First Name) (Age) (DOB)

Student or Faculty (circle)

Evergreen College (ID No.) (Hm. Phone) (Cell Phone)

Employee's Signature: _____ Date: _____

TO BE COMPLETED BY RESPIRATOR TRAINER/TESTER

Approved: Y N 3M Moldex Model Number: _____

N-95 P N-100 Size: XS S R M L

Referred to Occupational Health Professional
Bearded; advised could not fit
Could not fit _____

Trainer/Tester: _____ Date: _____
(Industrial Hygienist)