



Corporate Health, Safety and Wellness
N95 Respirator Screening Questionnaire
External

This screening form is adapted from CSA Z94.4-18 Standard: Selection, Use, and Care of Respirators.

Name of Education Institution or Company:
Name (last, first, middle): Name of Program:
Today's date: Telephone Number:

Please Note: You must be clean-shaven where the N95 respirator seals to the skin of the face, chin and neck.

1. Have you ever worn a N95 respirator?
2. If you have worn a respirator in the past did you have any difficulties?
3. Some conditions can affect your ability to safely wear a N95 respirator. Do you have or experience any of the conditions below?
4. Check off which Personal Protective Equipment (PPE) you usually wear with your N95 Respirator

To be completed by CHSW:

- Fit to use N95 respirator
Further assessment required

Signature: CHSW Witness: Date:

# Instructions for Booking a Fit-Test Appointment (External)

Corporate Health and Safety Services  
2<sup>nd</sup> floor Shuter Wing, Room 2-037 Shuter  
30 Bond Street  
Toronto, ON M5B 1W8  
Telephone: (416) 864-6060 ext. 6944  
Fax: (416) 864-5405  
Email: [maskfitting@smh.ca](mailto:maskfitting@smh.ca)

## Instructions for Respirator Fit-testing:

### Step 1 (mandatory before proceeding any further):

- Fill out the N95 Questionnaire Form and sign the bottom.

### Step 2:

- Email the completed form to [maskfitting@smh.ca](mailto:maskfitting@smh.ca) or Fax it to (416) 864-5405

### Step 3:

- Please call the Fit-test Clinic to book your appointment
- We are open Monday to Friday from 7am to 3pm – closed on statutory holidays

### Step 4 (day of your appointment):

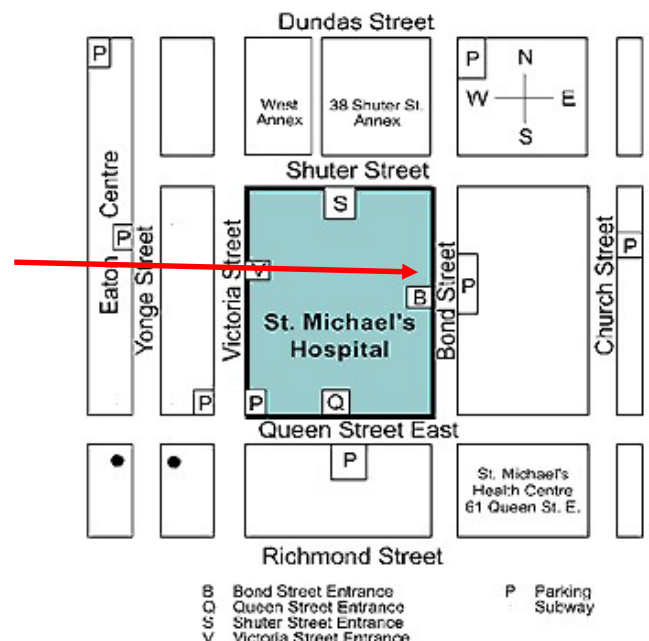
- **Review the COVID Screening Questions**
- **20 minutes** before your appointment, **do not:**
  - eat
  - smoke
  - drink (you may only drink water)
  - chew gum

## IMPORTANT: We will not perform respirator fit-testing under the following conditions:

1. If we have not received and cleared your N95 Respirator Screening Questionnaire.
2. Students must be CLEAN SHAVEN where the respirator fabric touches your face. A proper seal with the respirator cannot be formed if there is any facial hair. Razors will be provided at a cost of \$5.

## Entrance during COVID-19

- Complete the COVID-19 Screening Questions (see next page)
- Do not come for fit-testing if you have COVID-19 related symptoms.
- Enter the Hospital through the Bond Street entrance (this is a dedicated entrance for hospital staff) – please bring your student card and a copy of the completed screening questionnaire
- Take the stairs or Shuter Wing elevator to the 2<sup>nd</sup> floor
- When you get off the elevator turn right and look for room 2-037 Shuter wing



## **COVID-19 SCREENING QUESTIONS**

If you answer yes to any of the following then please do not come to St. Michael's Hospital – Unity Health Toronto for N95 respirator fit-testing

- Fever or chills
- New or worsening cough
- New or worsening shortness of breath or difficulty breathing
- Runny nose/nasal congestion (without underlying reason)
- Sore throat
- Decrease/off of sense of taste or smell
- Known or diagnosed pneumonia
- Close unprotected contact with a person with confirmed COVID-19 in the last 14 days
- Travelled outside of Canada in the last 14-days