

Comprehensive Occupational Medical Services, P.C.

Gordon C. Steinagle, D.O., M.P.H.

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(716) 692-6541

RESPIRATOR FIT TEST

DATE: _____

NAME: _____

SS#: _____

RESPIRATORS:

MFR: _____

MODEL: _____

TEST MEDIUM: _____

PROTOCOL: _____

FACIAL GROWTH: _____

PERFORMANCE: _____

RESP.

MFR/MOD:

MEDICAL APPROVAL: _____

RESTRICTIONS: _____

Employee signature

Tester signature