Advance Healthcare Solutions

Business & Talent Solutions

Qualitative Mask Fit Testing Health Assessment Form

The information provided on this Assessment Form is confidential and prepared in compliance with Advance Healthcare Solutions Privacy and Confidentiality policies. The Health Information collected during the Mask Fit Testing is NOT shared with any party other than those granted consent by the participant. This information is used to determine your ability to have Mask Fit Testing conducted.

First Name:_____ **Last Name:**_____

Address:_____ **City/Town:**_____

Postal Code:_____ **Email:** _____

Employer/School:_____ **ID #** _____

Participants Health Status

Do you currently experience any of the following conditions that are uncontrolled and/or not under the care of a physician. (Circle all that apply)

Asthma ☐	**Shortness of Breath** ☐	**COPD/Emphysema** ☐	**Dizziness** ☐
Nausea ☐	**Hypertension** ☐	**Chest pain** ☐	**Chronic Heart Disease** ☐
Angina ☐	**Severe Allergies** ☐	**Claustrophobia** ☐	**Nervous Disorders** ☐

Other Conditions: _____

Any other Health Concerns: _____

Have you previously been Mask Fit Tested? Yes ☐ **No** ☐ **If yes, what year?**_____

If yes, do you have a record of the type of Respirator/Mask that you were fitted? _____

Have you ever been prescribed an EPI pen? Yes ☐ **No** ☐ **If yes, do you have it with you? Yes** ☐ **No** ☐

Are you pregnant or have reason to believe that you might be pregnant? Yes ☐ **No** ☐

The Educator/Mask Fit Consultant will review the information provided prior to the start of your Mask Fit Testing and if required, you may need to consult with your Physician prior to testing.

If the results of this testing are required by your employer or educational institution, you authorize Advance Healthcare Solutions Inc., to forward the Mask Fit Testing results including the make/model of mask to that organization.

A Mask Fit Test Certificate (wallet size card) is provided to each participant upon completion of the Mask Fit Testing.

_____ _____

Participant Signature **Date**