# Ministry of Health Fit Testing Declaration Form

I,

|  |  |  |
| --- | --- | --- |
| *(Name, title)* |  | (*name)* |
|  | (*title)* |
|  | *(organisation)* |

confirm that as a general practice or urgent care clinic we (the organisation):

1. have undertaken fit testing to suitable models of P2/N95 particulate respirators
2. will continue to regularly undertake fit testing in accordance with the AS/NZS 1715:2009 standard for respiratory devices
3. will undertake fit testing for any new staff prior to utilising P2/N95 particulate respirators for medical purposes.

Please indicate which mask you or you team have been fit tested for:

3M 1870+

3M 9320A+ Aura

Drager Xplore 1720C

3M 1860S

**I confirm that the statement in this form is true.**

|  |  |
| --- | --- |
| *Signature of person declaring:* |  |

|  |  |
| --- | --- |
| *Date:* |  |