



HEALTHTRUST™

Workforce Solutions

METHODIST HEALTHCARE

"Serving Humanity to Honor God"

www.SAHealth.com

DHP NAME: _____

Date of Birth: _____ **Classification:** _____

I have been fit tested for a N95 Respirator. My mask fit test indicates a non-passing result. I am aware due to my occupational exposure to potentially infectious disease, I am not able to enter a Respiratory Isolation Room. I understand that I will be required to wear a (PAPR) Positive Air Powered respirator to enter a Respiratory Isolation Room or in the event respiratory protection is required.

Signature of DHP

Date