

### N95/Respirator Mask Fit testing Exemption Form

TRAINEE NAME: \_\_\_\_\_  
Last Name First Name

PROGRAM: \_\_\_\_\_ Training Level (PGY2, Fellow, etc) \_\_\_\_\_

I am aware that I am not mask fit tested and will not be permitted to participate in any rotation/training that requires the use of N95/Respirator masks in the hospital or community setting, for the following reason:

- Religious/ Cultural
- Medical Condition
- Other: please specify \_\_\_\_\_

If for any reason I am exposed to airborne infectious agents, I will seek immediate medical attention and report the incident to my Program Director, and the Occupational Health Office of the hospital/training site of my current rotation.

In the event of a pandemic, I understand that I am not to participate in any clinical rotations or be present in any hospital setting that may expose me to any airborne contaminants.

If there is any change to my status, I will notify my Program Director and the Postgraduate Medical Education Office to update the status of my mask fit exemption.

Trainee Signature	Name	Date
Occupational Health Office Signature/Stamp (Acknowledging inability to mask-fit)	Name	Date
Program Director Signature	Name	Date

Please email to [postgrad.med@utoronto.ca](mailto:postgrad.med@utoronto.ca)  
 Upload to PGME Sharefile: [https://forms.pgme.utoronto.ca/?f=PGME\\_Document\\_Submission\\_Form](https://forms.pgme.utoronto.ca/?f=PGME_Document_Submission_Form)

*Rev. December 2015*