



UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

**Postgraduate Medical Education
 Respirator/Mask Fit Form
 Residents, Clinical Fellows, Electives**

Please return to PGME Office, 500 University Avenue, 6nd Floor (Rm. 602), Toronto, ON M5G 1V7,
 Phone (416) 978-6976, Fax (416) 978-7144

Name of Trainee: _____ **Student #:** _____

Training Level: _____ **Program:** _____ **Academic Year:** _____

Instructions:

- All medical trainees must provide PGME with at least one valid respirator-fit data.
- Respirator/mask fit data are valid for 2 years as per PGME Respiratory Protection Policy and trainees must be re-tested to remain registered as facial characteristics change due to weight gain/loss or facial trauma
- Please complete this form or forward copies of your respirator/mask fit cards to PGME office.
- Mask fit testing can be obtain at the hospital of your first rotation and on your current hospital site

RESPIRATOR/MASK FIT DATA:

Date Fitted: _____ Brand: _____ Size: _____

Quality of Fit: _____ Expiration Date: _____
(Pass/Fail) (Default = 2 years)

Hospital/Site of Fit Test: _____

Comments: _____

Trainee Authorization: I give my consent that the information on this form may be shared with university/hospital teaching and administrative staff in appropriate cases.

Signature of Resident/Fellow: _____ **Date:** _____

Clinic/Health Centre Authorization: I certify that the above information is complete and accurate.

(Name, address and phone number of centre where form completed)

Signature of health care professional: _____ **Date:** _____
(Trainee cannot sign own form)