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

Please return to PGME Office, 500 University Avenue, 6th 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 obtained at the hospital of your first rotation and on your current hospital site.
- Electives, residents and fellows training for under 1 year must submit their mask fit information prior to starting training.

RESPIRATOR/MASK FIT DATA:

Date Fitted: ___________________________ Brand: ______________________ Size: ___________________________

(dd/mm/yyyy)

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)