



Respirator Fit Test and Respirator Use Waiver Form for Post-Secondary Students

The College of Nursing expects students in clinical placements to be fit tested for two N95 respirators. This is in accordance with the clinical requirements as outlined by the Saskatchewan Health Authority in our Clinical Placement Agreement with the agency.

Wearing a properly fitted respirator will:

- Reduce the transmission of airborne disease in health care facilities.
- Assist in the prevention of exposure to one or more airborne contaminants.

Students have the right to refuse to be fit tested or wear a respirator for medical, personal and religious reasons. However, **students that do not receive the recommended fit testing or wear a properly fitted respirator:**

- May be excluded from certain clinical placement sites thereby impacting their ability to complete their program of study.
- May be asked to leave their clinical placement site in the event of an outbreak of an airborne disease for which they are required to wear a respirator.
- Will be required to notify their clinical instructor that they have not been fit tested and will remove themselves from their clinical placement at the onset of symptoms of an airborne/communicable disease.

I have read the above and understand/acknowledge that:

- I understand the importance and benefits of fit testing and wearing a properly fitted respirator, as well as the risks associated with opting out of or not completing fit testing or wearing a properly fitted respirator.
- I may be excluded from clinical placements in certain locations and understand that the decision is at the discretion of the unit/facility manager.
- I may be required to leave a clinical placement in the event of an outbreak of an airborne disease for which I am required to wear a properly fitted respirator. I acknowledge that it may NOT be possible to be moved to another clinical placement.
- I accept responsibility for my health and I hereby release and hold harmless the University of Saskatchewan and its representatives from any liability that may result from opting out of the fit testing, being unable to be adequately fit tested, or being unable or refusing to wear a properly fitted respirator when required.
- Although I am declining fit testing now, I know that I can receive the fit testing at a later date.

I am declining fit testing.

OR

I was unable to be adequately fit tested to a N95 respirator.

Student Name: _____

Witness Name: _____

Student Signature: _____

Witness Signature: _____

Date Signed: _____

Date Signed: _____