



UNIVERSITY HOSPITAL
Newark, New Jersey

The Office of Medical Staff Affairs and Education

Medical Staff Administration

University Hospital

UH B239

973-972-7300

FIT TESTING DISCLAIMER

Resident/Student

Resident/Student Name:	Date:
Department:	Specialty:

I hereby attest that I have not been fit tested to use University Hospital's N95 Particulate Air Filter Masks (Kimberly Clark "Tecno Fluidshield", 3M "Healthcare Particulate Respirator and Surgical Mask", Secure-Gard N95). I fully understand that I will not be permitted to enter any patient room or area that requires the use of an N95 Particulate Air Filter Mask to prevent the spread of a potentially communicable disease.

Resident/Student Signature:	Date:
Person Verifying Attestation/Signature:	Date: