



Leading with Innovation
Serving with Compassion

ST. MICHAEL'S HOSPITAL

A teaching hospital affiliated with the University of Toronto

This confidential form is prepared in compliance with Directive ACO 03-05 and C.S.A. Standard on Selection, Use & of Respirators Z94, 4-02

Corporate Health and Safety Services

Student's N95 Respirator Medical Questionnaire

Name of Educational Institution:		
Name (last name, first name, MI):	Student #	Contact telephone number: Home & Work
	Today's Date:	Name of program
Student Daytime Phone Number or Pager Number:	The best time to phone you at this number: Between and	

In the event that CHSS staff needs to contact you, we do need a phone, cell or pager number where you can be reached. If we can only reach you through your manager, please indicate this and be sure to include that phone number as well.

1. Have you ever worn a respirator? Yes No
 - If yes, check which type(s) Dust mask (N95) Cartridge

2. If yes to above, have you had any difficulties with using the respirator? Yes No
 - Eye irritation Yes No
 - Skin irritation or rash Yes No
 - If Yes, please describe: _____

3. Do you have trouble tasting? Yes No

4. Do you have asthma? Yes No
 (If you take medication for asthma, please bring it with you to the fit testing) Yes No

5. Do you have any other lung or breathing problems?
 - If Yes, please describe: _____ Yes No

6. a. Do you have any of the following medical conditions that might interfere with use of a mask?
 Diabetes Mellitus Epilepsy or seizure disorder High blood pressure
 History of fainting Heart Problems

b. Besides the medical conditions listed in 6(a), are you currently taking a prescription and/or over the counter medication with full symptoms that may interfere with wearing a mask, as:
 Shortness of breath Breathing difficulties Heart problems Chest pain
 Light headedness or Blackouts Yes No

7. Have you had allergic reactions that interfere with your breathing? Yes No

8. Do you have:
 - latex sensitivity Yes No
 - latex allergy Yes No
 - other allergies Yes No

If you have indicated any medical concerns, you will be contacted by a CHSS Nurse.

Student's Signature _____ Witness: _____ Date: _____



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Instructions for Booking a Fit Test Appointment

Corporate Health and Safety Services
2 Shuter Wing (via the Shuter Elevators, 2nd Floor)
Phone: (416) 864-6060 Extension 6944
Email: maskfitting@smh.toronto.on.ca

Please Read All Instructions before contacting the clinic for an appointment.

Step One:

- Fill out the N95 Questionnaire Form and sign the bottom.
- Make sure that you have clearly indicated your contact information on the form.
- You may receive the form by:
 - ⇒ dropping by the Corporate Health and Safety Services on 2nd Floor Shuter Wing.
 - ⇒ emailing the clinic at maskfitting@smh.toronto.on.ca

This step is mandatory before you proceed to book your fit test.

Step Two:

- Drop off, mail or fax the questionnaire to the Corporate Health and Safety Services on 2nd Floor Shuter Wing
- The fax number is **(416)864-5405**.

Step Three:

- After 48 hours, please phone the Fit Testing at **(416)864-6060 ext. 6944** or email maskfitting@smh.toronto.on.ca to book your appointment.
Please Note: Each appointment can last up to 30 minutes.

Step Four:

- The day of your appointment, do not **Eat, Smoke, Drink or Chew Gum 20 Minutes** before your fit test.

IMPORTANT: We **ABSOLUTELY** cannot perform your fit test if we have not received your cleared N95 Questionnaire. Please ensure that it has been sent to the Employee's Health Unit prior to booking your appointment.

Also, we cannot perform fit tests on students with **FACIAL HAIR**. Please be prepared to come clean shaven for your test or shavers will be supplied at the fit test clinic upon request.

Directions:

Fit Test Clinic

- The hospital is located on the intersection of Queen Street and Victoria Street
- Upon entering the hospital, please find the Shuter Wing and take the Shuter elevator up to the 2nd floor.
- You may also enter off Shuter Street and take the elevator that is immediately inside the entrance up to the 2nd floor.
- Please check in at the main reception desk and you will be seated till your appointment time. Please arrive at least 10 minutes before your intended appointment time.

**THANK YOU AND PLEASE DO NOT HESITATE TO CONTACT
US FOR ANY FURTHER QUESTIONS REGARDING MASK FIT TESTING.**