

Respiratory Protection Acceptance/ Declination Form

Employee Name:

Personal respiratory protection will be provided for all employees who provide direct patient care in the following healthcare facilities, while on assignment with Grace Personnel. Classifications include RN, LPN, CNA, RRT, CRT, CST &ORT.

- Hospitals and health care facilities that perform cough-inducing procedures.
- Correctional facilities
- Long term care facilities
- Drug rehabilitation centers

I understand that due to my occupational exposure, I may be at risk of acquiring Mycobacterium Tuberculosis (TB). I have been given the opportunity to be fit tested and issued a N95 respirator.

I have been fit tested by another employer and have a N95 respirator available for my use when working for Grace Personnel.

I wear a :

x-small N95 respirator
x-large N95 respirator.

small N95 respirator

med N95 respirator

large N95 respirator

I have a medical condition where use of a N95 respirator is contraindicated. (MD verification required)

I desire to be fit tested and issued a N95 respirator. I am aware that I may be fit tested by Grace Personnel Service, Inc.

I refuse to be fit tested and issued a N95 respirator. I understand that by declining, I place myself at risk of acquiring TB. I also understand that worker's compensation benefits may be limited or denied if I become infected with TB. If in the future, I want to be fit tested and issued a N95 respirator, I can receive the respirator at no charge to me.

Employee Signature

Date

Grace Personnel Witness

Date