

N95/Respirator Mask Fit: Accommodation Form

STUDENT NAME: _____
Last Name First Name

PROGRAM: _____ YEAR 1 OR 2: _____

I am aware that I am not mask fit tested and will not be permitted to participate in any clinical education experience that requires the use of N95/Respirator masks in health care agency or community settings, for the following reason:

- Religious/ Cultural
- Medical Condition
- Other (please specify): _____

If for any reason I am exposed to airborne infectious agents, I will seek immediate medical attention and report the incident to the Occupational Health Office of the hospital/health care agency site of my current practicum agency, my Course Instructor, and my Program Director. In the event of an outbreak / pandemic, I understand that I am not to participate in clinical education activities within clinical agencies or be present in any hospital / health care setting that may expose me to any airborne contaminants.

If there is any change to my status, I will notify the Clinical Education Office Director and my Program Director to update the status of my mask fit exemption.

Student Signature Date

Clinical Education Office Director Signature Date

Program Director Signature Date

Please submit to the Clinical Education Office Director and the respective Program Director.

