CARE STAFFING
Professionals

Mask-Fit/TB Questionnaire
Quantitative (QNFT)

Employee Name _____ Dept. _____

Date _____

Male ☐ Female ☐ Ht: _____ Wt: _____

FIT TEST QUESTIONNAIRE

1. Have you ever worn a respirator? Yes No
   If yes, what type? _____
2. When was your last Mask fit test? _____
3. Any breathing difficulties when wearing a mask?
   Yes No
4. Any anxiety or claustrophobia
   when wearing a mask? Yes No
5. When working, do you wear eyeglasses? Yes No
   Or, contact lenses? Yes No

Comments _____
_____
_____

I certify that I have been instructed upon the proper application, maintenance, disposal, and limitations of a respirator.

Employees Signature: _____

STEPS

1. Normal Breathing
   PASS FAIL
2. Slow Breaths
   PASS FAIL
3. Turn head left and right
   PASS FAIL
4. Move head up and down
   PASS FAIL
5. Count to 100 out loud
   PASS FAIL
6. Grimacing – smile frowning
   PASS FAIL
7. Bending over
   PASS FAIL
8. Normal Breathing
   PASS FAIL

☐ Technol N-95, Size _____
☐ Moldex N-95 Respirator, Size _____
☐ 3M N-95 Respirator, 1860 Size _____
☐ Other _____ Size _____

Comments _____
_____
_____

Validator's Signature: _____

Name: _____ Classification: _____ Date:_____

TB QUESTIONNAIRE

1. Do you have a history of positive PPD skin test? Yes No Date: _____
2. Have you ever received INH (isoniazid) treatment? Yes No Date: _____
3. Did you have a chest x-ray at any time in the past? Yes No Date: _____
4. Have you had BCG immunization before? Yes No Date: _____
5. Productive cough which has lasted at least three weeks? Yes No
6. Weight loss without dieting Yes No
7. You have a sign or symptoms of the following:
   a. Night sweats? Yes No
   b. Loss of appetite (anorexia)? Yes No
   c. debilitating disease. Yes No
   d. Coughing up blood? Yes No
   e. Tire easily? Yes No
   f. Chest pain? Yes No
   g. Other symptoms? (if "Yes", please specify) Yes No Specify: _____
8. Are you a recent PPD skin test converted (w/in 2yrs)? Yes No Signature: _____
9. Are you in close contact w/ person(s) who has TB? Yes No
10. Do you have HIV infection? Yes No
11. Do you use injectable drugs? Yes No

Persons w/ altered immune response because of immune deficiencies, HIV infection, leukemia, lymphoma, generalized malignancy, or immunosuppressive therapy w/ corticosterois, alkylating drugs, antimetabolites, radiation, or chronic

Date: _____

TB Skin Test: 5Tu/.1ml administered intradermal and read 48 to 72 hours later.

Authorized Signature:
Site LFA _____ Site RFA _____ Reading #1 _____ _____ mm induration

_____
Nurse Practitioner/MD/PA/RN/LVN

_____ _____
Date Med/Lot Date mm

TB Skin Test: 5Tu/.1ml administered intradermal and read 48 to 72 hours later.

Authorized Signature:
Site LFA _____ Site RFA _____ Reading #2 _____ _____ mm induration

_____ _____
Date Med/Lot Date mm

Nurse Practitioner/MD/PA/RN/LVN