FIT TEST QUESTIONNAIRE

	YES	NO
Do you have Photo ID?		
Are you clean shaven around the Face Seal?		
If worn do you have your head mounted PPE with you?		
Have you Eaten, Drunk or Smoked in the last Hour?		
Have you had RPE Training or worn this mask before?		
Are there any reasons for not being able to do the test? Please inform the Tester if there are any Medical Conditions which may affect your ability to use the Step/Treadmill/Hood, whilst performing the exercises, or any issues for wearing a mask (allergies).		
Data Protection: Do you agree to your details will be stored for 5 years. They may be shared with other Training Providers or for Verification of Certification only. They will not be shared with any Third Party for Financial/Commercial gain and can be removed at any time, if the candidate so wishes.		

PRINT FIRST NAME	PRINT SURNAME	
COMPANY NAME	SIGNATURE	DATE

FOR TESTERS USE ONLY

FIRST MASK TESTED	PASS	FAIL
REAL TIME SCAN CONDUCTED	YES	NO
NOTES		
SECOND MASK TESTED	PASS	FAIL
REAL TIME SCAN CONDUCTED	YES	NO
NOTES		

ADDITIONAL NOTES