



## N95 Mask Fit Testing Waiver

I have chosen not to be N95 Fit Tested. I am aware that I will NOT be permitted to participate in any clinical activities or training that requires the use of a N95 mask.

If for any reason I am exposed to an airborne infectious agent, I will seek immediate medical attention and immediately report the incident to Undergraduate Medical Education (UME) and Occupational Health and Safety at the site.

In the event of an outbreak situation, I understand that I may NOT be able to participate in clinical activities and maybe removed from all clinical settings.

I, the undersigned confirm that I have read and understood the above information. I accept that without N95 Fit Testing I may be restricted from attending and/or participating in certain clinical activities and my schooling may be extended as a result. I also understand that I may be more at risk for contracting certain infectious disease due to not being N95 fit tested. I hereby waive any and all claims I have or may have, now or at any time in the future, arising from my decision to proceed without being N95 fit tested.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

UCID#: \_\_\_\_\_

Date: \_\_\_\_\_