



# ARE YOU FIT?

## TO UNDERTAKE AN RPE FACE FIT TEST.

Do you currently suffer from any of the following which could affect your ability to safely undergo this test?

Respiratory Problems (e.g. Asthma)	Yes / No
Heart Disease	Yes / No
Angina	Yes / No
High/Low Blood Pressure	Yes / No
Panic Attacks	Yes / No
Claustrophobia	Yes / No
Are you a smoker	Yes / No

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Qualitative: have you eaten, smoked or drunk in the past 15 mins Yes / No

Quantitative: have you smoked in the past 2 hrs Yes / No

If you are unsure as to your ability to undertake this test please mention this to the test operator now.

I have no knowledge of any health or other condition that would put my health or the safety of others at risk during this test.

Print name: .....

Company name: .....

Signature: .....

Date: .....

The result of this test is applicable only to the person concerned at the time of the test wearing the respirator stated on the test certificate. The test should be repeated in line with your employer's health and safety policy.

Test Notes :
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