

# Are you ready to be Fit tested?

**Step 1:** Please go to [go.geisinger.org/fittest](http://go.geisinger.org/fittest)

**Step 2:** Click on n95 Med Eval Questionnaire

## Respiratory Protection Fit Testing Dashboard

Fit Testing

Prior to Fit testing please complete a medical evaluation, please fill out the Medical Evaluation Questionnaire. This form will be reviewed by an Employee Health provider. Please allow at least 1 business day for decision status. Notification of evaluation status will be sent via preferred email.

n95 Med Eval Questionnaire

**Step 3:** Please enter the Workforce identification number assigned to you (7000#####) and check confirm.

Geisinger Respiratory Protection

Med Eval Questionnair... > Add Med Eval Questionnaire

Employee Health Medical Evaluation N-95

Employee Identification

Please enter your Employee ID and check the 'Confirm' box.

Enter Employee ID \*

Confirm \*

Save & close Cancel

**Step 4:** Once you confirm your ID matches your assigned number, please proceed down the form answering all questions with a \* as these fields are required

- One question asks if you were instructed how to contact the health care professional who will review this questionnaire- please mark **YES** and let us know on site during fit testing if you would like to speak with the provider who reviewed your evaluation.

**Step 5:** Please type your name- providing your consent for the medical evaluation- If you select that you would like to discuss with the provider or have any medical concerns on your evaluation one of our providers will reach out you asap.

To Submit please click **Save and close**.

**Step 6:** Once medically cleared fit testing will occur during orientation this weekend.

Respirator

If you've used a respirator, have you ever had any of the following problems? \*

None apply

Select up to 20 choices

Review with HCP

Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire? \*

No

Employee Signature

Respiratory Fitness Consent for Medical Evaluation Questionnaire

This electronic submission represents my signature and it is legally binding. I understand that making a false statement may lead to disciplinary action up to and including termination of employment, at the sole discretion of Geisinger.

Type your name here \*

TEST PATIENT

Thank you for your information. Once you click save and closed, you will receive confirmation to your preferred email.

Save & close Cancel