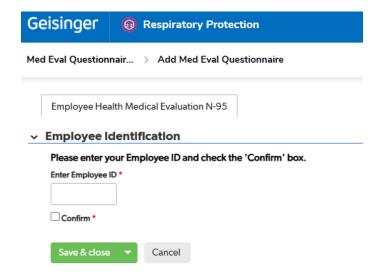
## Are you ready to be Fit tested?

Step 1: Please go to go.geisinger.org/fittest

Step 2: Click on n 95 Med Eval Questionnaire



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



**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.

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 th	e health care professional who will review this questionnaire about your answers to this questionnaire? *
No	<b>~</b>
Employee Signatu	ire
Respiratory Fitnes	s Consent for Medical Evaluation Questionnaire
This electronic submis	s Consent for Medical Evaluation Questionnaire sion represents my signature and it is legally binding. I understand that making a false statement may lead to disciplinary action up to tion of employment, at the sole discretion of Geisinger.
This electronic submis	sion represents my signature and it is legally binding. I understand that making a false statement may lead to disciplinary action up to
This electronic submis and including termina	sion represents my signature and it is legally binding. I understand that making a false statement may lead to disciplinary action up to
This electronic submis and including termina Type your name here *	sion represents my signature and it is legally binding. I understand that making a false statement may lead to disciplinary action up to
This electronic submis and including termina Type your name here *  TEST PATIENT	sion represents my signature and it is legally binding. I understand that making a false statement may lead to disciplinary action up to
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