



Informed Consent for Respirator Use

This form is to be completed if you are a student who has been told by your course instructor to use a respirator as a part of a class project or related activity. If you choose to voluntarily use a respirator for additional protection where such use is not required, you must also complete this form.

Your supervisor, principal investigator or designated class representative is also responsible for providing you with information about:

- ✓ The specific chemicals, microorganisms, or particulates that you may be potentially exposed to; how to protect yourself from these substances; what to do if you think you are exposed or develop symptoms;
- ✓ Personal protective equipment – clothing, gloves and eye-wear selection;

EHS will provide you with information about:

- ✓ Respirator selection and fit-testing requirements;
- ✓ Medical limitations of tight-fitting respirator use (a person with asthma or a heart condition is strongly advised to consult a doctor before the respirator fit test takes place);

By signing this form you indicate that you participated in the classroom or on-line respirator training, understand the nature of potential health hazards associated with the research or project that you are participating in, understand the medical limitations of respirator use, had the opportunity to ask questions, and received adequate answers to your inquiries.

Name: _____

Signature: _____

(please print)

Date: _____

Please check one:

- I am not aware of any medical limitations that will prevent me from wearing a tight fitting respirator. I can proceed to the fit-test.
- I would like to take the time and talk to a doctor about my ability to wear a tight fitting respirator. (Please have your doctor provide a written note indicating you have been medically cleared to use a respirator and then call 1-3919 to schedule your fit test).