

# Request a Fit Testing and/or Training

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Occupational Pulmonary Services

Room G-27 Kettering Lab, ground floor

160 Panzeca Way

Cincinnati, OH 45267

email: [Info@DrMcKay.com](mailto:Info@DrMcKay.com)

fax: 513-842-7848

Occupational  
Pulmonary  
Services



To request a respirator fit test and/or respirator training, please follow these 5 simple steps:

- Email or Fax** this form to [info@DrMcKay.com](mailto:info@DrMcKay.com) (fax: 513-842-7848) **requesting dates and times** you wish to be seen. You may also call 513-558-1234 ext 82 and leave a phone number & when we can contact you. Provide at least 3 dates and times in order of your preferred availability.

Availability	Dates	Times (provide a range)
1 <sup>st</sup> choice		
2 <sup>nd</sup> choice		
3 <sup>rd</sup> choice		

- Employee name:** \_\_\_\_\_; **Employer name:** \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_

**email address:** \_\_\_\_\_ (for sending appointment confirmation)

- Identify services** you wish to have performed. For example:

- Fit testing **with initial** (1<sup>st</sup> time) respirator training
- Fit testing **with refresher** training
- Fit testing, training **not** requested
- PAPR training Make: \_\_\_\_\_, Model: \_\_\_\_\_  
Facepiece: \_\_\_\_\_
- Other training: \_\_\_\_\_

My appointment has been confirmed for:

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

Time: \_\_\_\_\_

- Identify type of facepiece for fit testing:** this info is necessary

- Type of facepiece:  half mask, rubber style  
 filtering facepiece (disposable, such as an N95, R95)  
 full facepiece, rubber style  
 other, specify: \_\_\_\_\_

- Preferred make & model: \_\_\_\_\_

If you have a respirator, bring it with you. We'll inspect it and fit test you in your own respirator. If you don't have a respirator, we'll provide one for the fit test, but need to know your preferred make and model.

If you plan to be fitted to an N95 or R95 filtering facepiece respirator (sometimes called "N95s", "dust masks" or "disposables"), please bring one or two of each model with you. While we can fit test all make and models, we may not have your make and model in stock. If you can't fit to the samples you bring, we'll try one from our own stock. There is a replacement fee any filtering facepiece consumed from our stock supply.

- Provide Payment Information** (next page).

**Payment is required at the time of service**, unless prior written arrangements have been made.

See next page for payment options.

**5. Provide payment information: Payment is required at the time of service,**

unless prior written arrangements have been made in advance of your appointment. Discounted fees only apply to payment made at the time of service. Payment at the time of service can be made by credit card or checks made payable to “Occupational Pulmonary Services”. To pay by credit card, the following information is needed (email, fax, or mail this information to us prior to your appointment, unless you bring this information with you). If credit card information is on file, provide the last 4 digits on card number and select the appropriate box below. **No Shows** are charged \$25 unless written notification is received within 24 hours of scheduled appointment.

**To Pay by Credit Card select one of the following:**

- I will bring a credit card with me.
- Use the credit card my company has on file ending in \_\_\_\_\_ (enter last 4 digits)
- Use the following credit card information:

Card type:    ___ American Express    ___ MasterCard    ___ Visa			
Card #:		Exp. Date (month & year):	
Cardholder Name:		V-code*:	
Cardholder Billing Street Address #:		Cardholder Billing Zip Code	
Email Receipt to:		Signature:	

\* 3 digit code on the back of Visa/MC or the 4-digit code on the front of Am Exp

- Send Invoice To:** This option is only available when **prior written** arrangements have been made **in advance** of your appointment. Complete this section below to re-confirm the responsible party to whom invoice is to be addressed.

Send invoice to (**not** required if paying by credit card):

Name of Responsible Party:	
Company name (optional):	
Address 1:	
Address 2:	
City, State, Zip:	
Phone # (incase of questions):	

**Information About Your Fit Test**

**Please be Clean Shaven: within 12 hours of your fit test appointment**

OSHA does **Not** allow facial hair between face and the sealing surface of the respirator when wearing a tight fitting respirator. Workers with stubble at the point of contact with the respirator will be asked to shave prior to the fit test. Mustaches: A small mustache may be permitted, provided it does not make contact with the sealing surface of the respirator and can not extend beyond the end of the lips. Because facial features are unique to each individual, the exact size of a mustache will vary from one individual to another. A razor must be used. No clippers.

**Safety Glasses:** Bring your safety and/or eye glasses if they are normally worn when wearing your respirator.

**If You Have Your Own Respirator, Please Bring It With You.**

After services are completed, you'll be given a summary of your fit test results and/or training certificate. The original should be given to your employer (respirator program administrator). A duplicate copy will also be provided for your own record keeping. We do not send results through the mail.