



N95 MASK FIT TEST DECLINATION FORM

Absolute Senior and Home Care Services – Healthcare Staffing Division

www.AbsoluteSeniorHelp.com

Email: info@AbsoluteMedStaffing.com

N95 Mask Fit Test Declination Statement

I acknowledge that Absolute Senior and Home Care Services – Healthcare Staffing Division has informed me of the requirement for an N95 Respirator Fit Test for certain facility assignments and contracted healthcare environments.

I understand that:

1. Certain hospitals, skilled nursing facilities, and healthcare partners require staff to have a current N95 fit test as part of respiratory protection compliance.
2. An N95 fit test may be required before starting or continuing an assignment, depending on the facility's policies, infection control standards, or OSHA guidelines.
3. It is my responsibility to obtain a fit test from an approved provider if the assignment requires it.

DECLINATION

I hereby decline the N95 Respirator Fit Test at this time and acknowledge that:

- I may be unable to accept certain assignments that require N95 fit testing.
- Declining the fit test does not exempt me from future requirements if mandated by a facility.
- I must notify the agency immediately if I obtain an N95 fit test in the future.
- I release Absolute Senior and Home Care Services from liability arising from my decision to decline the fit test at this time.

Employee Information

Full Name: _____

Job Title (RN/LVN/CNA/Other): _____

Phone Number: _____

Email: _____

Employee Signature:

Date:

Agency Representative (Optional):

Date:
