

MASK FIT ATTESTATION FORM

Please complete this form if you have been mask-fitted but did not receive proof from the healthcare provider. Please note Mask Fit Testing is **to be conducted every 2 years, or sooner if you have had +/- 15lbs weight change or significant dental or face surgery.**

Please submit any supporting documentation that you *may* have (ex.: mask fit sticker or official mask fit test card). Once completed, please submit this form along with any supporting documentation onto the Nursing Student Portal.

ATTESTATION

I, _____ *FIRST AND LAST NAME* _____,

attest that I have been mask fit on

_____ *DATE (MM/DD/YYYY)* from

NAME OF INSTITUTION (ex.: hospital, CIUSSS, CLSC).

The brand(s) and model number(s) of the mask fit:

/

Name: _____

ID number: _____

STUDENT SIGNATURE: _____

DATE: _____