

## Ministry of Health Fit Testing Declaration Form

I, \_\_\_\_\_ (name)  
(Name, title) \_\_\_\_\_ (title)  
\_\_\_\_\_ (organisation)  
\_\_\_\_\_

confirm that as a general practice or urgent care clinic we (the organisation):

1. have undertaken fit testing to suitable models of P2/N95 particulate respirators
2. will continue to regularly undertake fit testing in accordance with the AS/NZS 1715:2009 standard for respiratory devices
3. will undertake fit testing for any new staff prior to utilising P2/N95 particulate respirators for medical purposes.

**I confirm that the statement in this form is true.**

Signature of person declaring:

Date: