



North Alabama Medical Center
Internal Medicine Residency
256.629.1950

Fit Testing Disclaimer

Residents, fellows, students, and observers must provide proof of FIT testing or a signed disclaimer that they will not be exposed to patients in isolation units.

Resident/Fellow/Student/Observer Name: _____

Department: _____

Specialty: _____

Attestation (Please check box below)

I hereby attest that I have not been fit tested to use North Alabama Medical Centers's "Halyard Fluid Shield" and "3M N95 Mask". I fully understand that I will not be permitted to enter any patient room or area that requires the use of a Halyard Fluid Shield or 3M N95 Mask to prevent the spread of a potentially communicable disease.

Resident/Fellow/Student/Observer Signature _____

Date _____

Authorized Person Verifying Attestation Signature _____

Date _____

Print Name: _____