FIT TEST APPOINTMENT FORM

Name: _____**Uni:** _____

Email: _____ **Phone:** _____

Department: _____ **Bldg./FL/Rm**: _____

Status ◉ CU Employee ○ Student ○ Observer
○ Visitor ○ Volunteer ○ Other _____

Describe Work Activity:_____

Do you have Direct Patient Contact:

○ Yes (e.g., patient handling, patient treatment, etc.)
◉ No (e.g., observer, volunteer, photographer, etc.)

At what time can you come for fit test? ◉ 2:00 pm ○ 2:30 pm

Email this Appointment Form to EH&S at: Fit-testing@columbia.edu

(By emailing this form you have registered for the fit-testing on the date and time you have selected. No further action, like email, phone call, is required. Before coming read instructions under Requirements)

You must have Adobe Acrobat reader 9.0 or higher to submit this form.

Click here to download Acrobat Reader

Submit Reset