

Participant: Erika L Ledyard

Birth Date: 01/07/1990

Clinical services provided and/or recorded by Baptist Health 400 Taylor Rd. Montgomery, AL 36117; 2105 E. South Blvd. Montgomery, AL 36111; 200 S Memorial Dr. Prattville, AL 36067 Contact (334) 286-2739 for additional information.

Record/Results Printed: 12/07/2022 11:57:43 AM

RESPIRATOR FIT TESTING

Description / Result	02/08/2022 00:00	02/16/2021 00:00	01/28/2020 00:00	01/24/2019 00:00
Positive pressure fit check:	PASS		PASS	PASS
Negative pressure fit check:	PASS		PASS	PASS
Agent used for qualitative (sensitivity) fit testing:	SACCHARIN		SACCHARIN	SACCHARIN
Qualitative normal breathing (beginning of test):	PASS		PASS	PASS
Qualitative deep breathing:	PASS		PASS	PASS
Qualitative turning head side to side:	PASS		PASS	PASS
Qualitative nodding head up and down:	PASS		PASS	PASS
Qualitative count or talk out loud slowly:	PASS		PASS	PASS
Qualitative grimace (smile or frown):				
Has medical clearance been completed?	YES	YES	PASS	PASS
Qualitative normal breathing (end of test):			YES	YES

Description / Result	01/03/2018 00:00	02/03/2017 09:29
N95: Make, model, and size	3M 1860 SMALL N95	3M 1860 SMALL N95
N95: Overall fit test result	PASS	PASS
Perform quantitative fit test:		
Do you want to record a respirator fit next due date?	NO	NO
Education provided:	YES	YES
N95 respirator versus surgical mask	N95 RESPIRATOR VERSUS SURGICAL MASK	
Respirator limitations	RESPIRATOR LIMITATIONS	RESPIRATOR LIMITATIONS
Inspecting respirator condition	INSPECTING RESPIRATOR CONDITION	INSPECTING RESPIRATOR CONDITION
Re-use	RE-USE	RE-USE
Donning and Doffing respirator and other PPE	DONNING AND DOFFING RESPIRATOR AND OTHER PPE	DONNING AND DOFFING RESPIRATOR AND OTHER PPE
Where to obtain replacement respirators	WHERE TO OBTAIN REPLACEMENT RESPIRATORS	

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RESPIRATOR FIT TESTING

Description / Result	01/03/2018 00:00	02/03/2017 09:29
Location of respirator protection program		
Performed by:	Alice Britton	Sara Kamerow
Date of fit test:	01/16/2018	02/03/2017
Respirator fit testing follow-up date:		
Comments/notes:		
Has the health care worker had anything to eat, drink (other than water), or have they smoked or chewed gum in the past 15 minutes?	NO	NO
N95	N95	N95
Positive pressure fit check:	PASS	PASS
Negative pressure fit check:	PASS	PASS
Agent used for qualitative (sensitivity) fit testing:	SACCHARIN	SACCHARIN
Qualitative normal breathing (beginning of test):	PASS	PASS
Qualitative deep breathing:	PASS	PASS
Qualitative turning head side to side:	PASS	PASS
Qualitative nodding head up and down:	PASS	PASS
Qualitative count or talk out loud slowly:	PASS	PASS
Qualitative grimace (smile or frown):	PASS	
Has medical clearance been completed?	YES	YES
Qualitative normal breathing (end of test):	PASS	

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RESPIRATOR USER MEDICAL CLEARANCE

Description / Result	02/08/2022 00:00	02/16/2021 00:00	01/28/2020 00:00	01/24/2019 00:00
Reason for evaluation:	ROUTINE (ANNUAL)	NOT PERFORMED (SEE COMMENTS)	ROUTINE (ANNUAL)	ROUTINE (ANNUAL)
N95 respirator recommendations:	CLEARED FOR RESPIRATOR USE		CLEARED FOR RESPIRATOR USE	CLEARED FOR RESPIRATOR USE
Reviewed by:	Jamie Cole, RN	Laura Hill	Jamie Cole, RN	Donna Pugh RN
Date reviewed:	02/22/2022	02/22/2021	01/29/2020	01/25/2019
Filter-mask non-cartridge (N, R, or P disposable) (N95)	FILTER-MASK NON-CARTRIDGE (N, R, OR P DISPOSABLE) (N95)		FILTER-MASK NON-CARTRIDGE (N, R, OR P DISPOSABLE) (N95)	FILTER-MASK NON-CARTRIDGE (N, R, OR P DISPOSABLE) (N95)
Level of work effort:			MODERATE	
Extent of usage:			RARELY-OR FOR EMERGENCY SITUATIONS ONLY	
I have reviewed the health care worker's Respirator questionnaire and made the following determination:	PASS BASED ON QUESTIONNAIRE. MEDICALLY SUITABLE FOR RESPIRATOR USE WITH NO RESTRICTIONS.	PASS BASED ON QUESTIONNAIRE. MEDICALLY SUITABLE FOR RESPIRATOR USE WITH NO RESTRICTIONS.	PASS BASED ON QUESTIONNAIRE. MEDICALLY SUITABLE FOR RESPIRATOR USE WITH NO RESTRICTIONS.	PASS BASED ON QUESTIONNAIRE. MEDICALLY SUITABLE FOR RESPIRATOR USE WITH NO RESTRICTIONS.
Comments:		COVID - preserving masks, discussed universal one size masks, education provided, discussed mask previously used. Keep in paper bag between uses. Contact EH for any concerns.		

Description / Result	01/03/2018 00:00	02/03/2017 09:29
Reason for evaluation:	ROUTINE (ANNUAL)	BASELINE
N95 respirator recommendations:	CLEARED FOR RESPIRATOR USE	CLEARED FOR RESPIRATOR USE
Reviewed by:	Alice Britton, RN	sara kamerow
Date reviewed:	01/16/2018	02/03/2017
Filter-mask non-cartridge (N, R, or P disposable) (N95)	FILTER-MASK NON-CARTRIDGE (N, R, OR P DISPOSABLE) (N95)	FILTER-MASK NON-CARTRIDGE (N, R, OR P DISPOSABLE) (N95)

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RESPIRATOR USER MEDICAL CLEARANCE

Description / Result	01/03/2018 00:00	02/03/2017 09:29
Level of work effort:		
Extent of usage:		
I have reviewed the health care worker's Respirator questionnaire and made the following determination:	PASS BASED ON QUESTIONNAIRE. MEDICALLY SUITABLE FOR RESPIRATOR USE WITH NO RESTRICTIONS.	PASS BASED ON QUESTIONNAIRE. MEDICALLY SUITABLE FOR RESPIRATOR USE WITH NO RESTRICTIONS.
Comments:		

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RUBELLA TITER RECORD

Description / Result	02/03/2017 09:29
Result of rubella IgG:	POSITIVE
Immunity status:	IMMUNE
Rubella titer performed by:	EHS AS PART OF THIS ENCOUNTER
Rubella IgG observed value:	Immune
Date of rubella IgG:	02/03/2017 12:24

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SEASONAL FLU VACCINATION RECORD

Description / Result	10/13/2022 15:28	10/18/2021 11:46	10/20/2020 14:58	09/16/2019 00:00
Influenza vaccination performed:	AS PART OF THIS ENCOUNTER	AS PART OF THIS ENCOUNTER	AS PART OF THIS ENCOUNTER	AS PART OF THIS ENCOUNTER
Education: Vaccination Information Statement (VIS) given?	YES	YES	YES	YES
Additional comments (optional):				flu badge given
Signed by:	Michelle Anthony RN	Alice Britton	Amanda Johnston	Jamie Cole RN
Date signed:	10/13/2022	10/18/2021	10/20/2020	10/18/2019
Seasonal flu immunization survey reviewed and consent received from employee?	YES	YES		YES
Administration site:	RIGHT DELTOID AREA	RIGHT DELTOID AREA	RIGHT DELTOID AREA	RIGHT DELTOID AREA
Vaccination administered by:	Michelle Anthony RN	A. Jacks RN	Susan Epton	Jamie Cole RN
Date vaccine administered:	10/13/2022	10/18/2021	10/20/2020	10/18/2019
CPT 4 Code	90686	90686	90686	90686
CVX Code	150	150	150	150
Dose Administered	0.5 mL	0.5 mL	0.5 mL	0.5 mL
Dose Form	0.5 mL	0.5 mL	0.5 mL	0.5 mL
Expiration Date	06/30/2023	06/30/2022	06/30/2021	06/30/2020
Lot Number	UT7716KA	UT7356JA	UJ430AA	UT6654MA
Manufacturer	Sanofi Pasteur	Sanofi Pasteur	Sanofi Pasteur	Sanofi Pasteur
Presentation	Prefilled single-dose syringe	Prefilled single-dose syringe	Prefilled single-dose syringe	Prefilled single-dose syringe
Product ID	31323	31323	31323	31323
Product Name	Fluzone Quadrivalent	Fluzone Quadrivalent	Fluzone Quadrivalent	Fluzone Quadrivalent
Route	Intramuscular	Intramuscular	Intramuscular	Intramuscular
VIS Date	08/06/2021	08/06/2021	08/15/2019	08/15/2019

Description / Result

Influenza vaccination performed:	09/19/2018 00:00	10/04/2017 00:00	02/03/2017 09:35
Education: Vaccination Information Statement (VIS) given?	AS PART OF THIS ENCOUNTER	AS PART OF THIS ENCOUNTER	AS PART OF THIS ENCOUNTER
	YES	YES	YES

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SEASONAL FLU VACCINATION RECORD

Description / Result	09/19/2018 00:00	10/04/2017 00:00	02/03/2017 09:35
Additional comments (optional):		badge given	badge given
Signed by:	Donna Pugh RN	Alice Britton	Sara Kamerow
Date signed:	09/19/2018	10/04/2017	02/03/2017
Seasonal flu immunization survey reviewed and consent received from employee?	YES	YES	YES
Administration site:	RIGHT DELTOID AREA	RIGHT DELTOID AREA	RIGHT DELTOID AREA
Vaccination administered by:	Donna Pugh RN	Alice Britton	Sara Kamerow
Date vaccine administered:	09/19/2018	10/04/2017	02/03/2017
CPT 4 Code	90686	90686	90686
CVX Code	150	150	150
Dose Administered	0.5 mL	0.5 mL	0.5 mL
Dose Form	0.5 mL	0.5 mL	0.5 mL
Expiration Date	06/30/2019	06/30/2018	06/30/2017
Lot Number	UI996AB	UI849AC	UI711AB
Manufacturer	Sanofi Pasteur	Sanofi Pasteur	Sanofi Pasteur
Presentation	Prefilled single-dose syringe	Prefilled single-dose syringe	Prefilled single-dose syringe
Product ID	31163	31029	20688
Product Name	Fluzone Quadrivalent	Fluzone Quadrivalent	Fluzone Quadrivalent
Route	Intramuscular	Intramuscular	Intramuscular
VIS Date	08/07/2015	08/07/2015	08/07/2015

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SUPPORTING DOCUMENTATION EMP VIEWABLE

Description / Result	02/08/2022 00:00	02/16/2021 00:00	01/28/2020 00:00	01/24/2019 00:00
Supporting documentation:	2022 An docs	SEE ATTACHMENT(S) 2021 AN DOCS	SEE ATTACHMENT(S) 2020 AN docs	2019 AN DOcs
Description / Result	01/03/2018 00:00	02/03/2017 09:29		
Supporting documentation:	2018 AN Docs	SEE ATTACHMENT(S)		

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TETANUS, DIPHTHERIA, AND PERTUSSIS (TDAP) IMMUNIZATION RECORD

Description / Result	02/03/2017 09:29
Reason for this visit:	NEW TO THIS ORGANIZATION
Reason vaccine not administered:	DECLINED AT POINT OF CARE
Immunity status:	NOT IMMUNE
Signed by:	Sara Kamerow
Tdap vaccination performed by:	NOT PERFORMED - DECLINED
Date signed:	02/03/2017

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TUBERCULIN SKIN TEST (TST) APPLICATION RECORD

Description / Result	01/28/2020 00:00	01/24/2019 00:00	01/16/2018 12:51	02/13/2017 11:43
TST application status:		TST APPLIED: ANNUAL TEST	TST APPLIED: ANNUAL TEST	TST APPLIED: SECOND OF TWO (TWO-STEP) (PRE-PLACEMENT)
Date applied:		01/25/2019	01/16/2018	02/13/2017
Name (HCW applying test):		Donna Pugh RN	Alice Britton	Patty Kratzer, RN
Administration site:		RIGHT ARM	RIGHT ARM	RIGHT ARM
Reason not given (optional):	OTHER REASON			
Comments/notes:	per policy, no indications			
Name of person recording data:	Jamie Cole RN	Donna Pugh RN	Alice Britton	Ramona Lazenby
Earliest date TST to be read:		01/27/2019	01/18/2018	02/15/2017
Latest date TST to be read:		01/28/2019	01/19/2018	02/16/2017
Record date:				02/13/2017
Reviewed by:				Ramona B. Lazenby, RN
Date reviewed:	01/29/2020			02/13/2017
CPT 4 Code		86580	86580	86580
Dose Administered		0.1 mL	0.1 mL	0.1 mL
Dose Form		5.0 mL	5.0 mL	5.0 mL
Expiration Date		02/13/2021	03/31/2019	11/03/2018
Lot Number		C5562AA	C5122AA	C5038AA
Manufacturer		Sanofi Pasteur	Sanofi Pasteur	Sanofi Pasteur
Presentation		Multi-dose Vial (50 doses)	Multi-dose Vial (50 doses)	Multi-dose Vial (50 doses)
Product ID		20219	20219	20219
Product Name		Tubersol	Tubersol	Tubersol
Route		Intradermal	Intradermal	Intradermal

Description / Result

TST application status:	02/03/2017 09:29
	TST APPLIED: FIRST OF TWO (TWO-STEP) (PRE-PLACEMENT)

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TUBERCULIN SKIN TEST (TST) APPLICATION RECORD

Description / Result	02/03/2017 09:29
Date applied:	02/03/2017
Name (HCW applying test):	Sara Kamerow
Administration site:	RIGHT ARM
Reason not given (optional):	
Comments/notes:	
Name of person recording data:	Sara Kamerow
Earliest date TST to be read:	02/05/2017
Latest date TST to be read:	02/06/2017
Record date:	
Reviewed by:	
Date reviewed:	
CPT 4 Code	86580
Dose Administered	0.1 mL
Dose Form	5.0 mL
Expiration Date	11/03/2018
Lot Number	C5038AA
Manufacturer	Sanofi Pasteur
Presentation	Multi-dose Vial (50 doses)
Product ID	20219
Product Name	Tubersol
Route	Intradermal

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TUBERCULIN SKIN TEST (TST) READING RECORD

Description / Result	01/24/2019 00:00	01/16/2018 12:51	02/13/2017 11:43	02/03/2017 09:29
Date of next TST:		01/18/2019		
Reading conducted by:			EMPLOYEE HEALTH	
Date read:	01/27/2019	01/18/2018	02/15/2017	02/05/2017
Reason for test:	ANNUAL TEST	ANNUAL TEST	SECOND TEST (PRE-PLACEMENT)	FIRST TEST (PRE-PLACEMENT)
Name (HCW who read):	See attached	K Brooks	Skyler Curlee	Amy Bohannon
Reading: Induration (millimeters)	0	0	0	
Interpretation:	NEGATIVE	NEGATIVE	NEGATIVE	NEGATIVE
Name of person recording data:	Skyler Curlee	Ramona Lazenby	Skyler Curlee	Sara Kamerow
Date reviewed:	01/28/2019	01/19/2018	02/15/2017	02/06/2017

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TUBERCULOSIS (TB) SYMPTOM REVIEW

Description / Result	02/08/2022 00:00	02/16/2021 00:00	01/28/2020 00:00	01/24/2019 00:00
Do you want to record a next due date?	YES	YES	YES	NO
Symptoms of TB present:	NO	NO	NO	NO
Follow up recommended for multiple TB symptoms present without reasonable explanation:		NO		
Clinician name that reviewed symptoms:	Jamie Cole RN	Laura Hill	Jamie Cole RN	Donna Pugh RN
Date reviewed:	02/22/2022	02/22/2021	01/29/2020	
Comments/notes:		Denies known exposure to anyone with TB, unexplained cough/fever/ weight loss, night sweats, bloody sputum. Denies foreign travel in the past 12 months. Per CDC guidelines, no indications for needing TBST at this time		
Next due date:	02/13/2023	02/13/2022	02/13/2021	

Description / Result

Do you want to record a next due date?	01/16/2018 12:51	02/03/2017 09:29
Symptoms of TB present:	NO	NO
Follow up recommended for multiple TB symptoms present without reasonable explanation:	NO	NO
Clinician name that reviewed symptoms:	Alice Britton	Sara Kamerow
Date reviewed:		
Comments/notes:		
Next due date:		

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VARICELLA (CHICKENPOX) TITER RECORD

Description / Result	02/03/2017 09:29
Vancella titer performed by:	EHS AS PART OF THIS ENCOUNTER
Result of varicella zoster virus antibody IgG:	POSITIVE
Immunity status:	IMMUNE
Varicella zoster virus antibody IgG observation value:	518
Date of varicella zoster virus antibody IgG:	02/04/2017 03:48
Comments:	INTERPRETATION: Positive: IgG antibody detected which may indicate current or previous exposure/immunization. Test performed at Warde Medical Laboratory, 300 W. Textile Rd, Ann Arbor, MI 48108 800-876-6522 William G. Finn, MD - Medical Director



Medical Records

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CORONAVIRUS (COVID-19) EMPLOYEE UNDER INVESTIGATION (PUI) FORM

Description / Result	01/31/2022 10:29	01/24/2022 15:03	09/08/2021 13:53	05/26/2020 06:42
Reason for this visit:	OTHER REASON	OTHER REASON	EXPOSURE EVALUATION	OTHER REASON
Did the employee have close contact with a person who is under investigation (PUI) for COVID-19 while that person was ill?			UNKNOWN	
Quarantine status:			REQUIRED	
Are symptoms of COVID-19 present?			NO	
COVID-19 Evaluation performed:			AS PART OF THIS ENCOUNTER	
Is the employee a health care worker?			YES	
Is / was the employee hospitalized?			NO	
Date quarantine recommended / required:			08/24/2021	
Do you want to record a next due date?			NO	
Location of quarantine:			HOME	
Completed by:			Amanda Johnson	
If other location, please describe.			8/24-9/8	
Date completed:			09/08/2021	
Other exposure			OTHER EXPOSURE	

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COVID-19 (SARS-COV-2) IMMUNIZATION RECORD

Description / Result	02/26/2021 09:48	02/04/2021 11:56
COVID-19 vaccination performed:	AS PART OF THIS ENCOUNTER	AS PART OF THIS ENCOUNTER
Education: Vaccination Information Statement (VIS) given?	YES	YES
Dose administered this visit (or latest dose from prior documentation):	SECOND DOSE	FIRST DOSE
Has employee experienced an adverse reaction to any COVID-19 vaccine product?	NO	NO
Ethnicity:	NOT HISPANIC OR LATINO	NOT HISPANIC OR LATINO
Immunity status:	UNKNOWN	
Medical history reviewed and consent received from employee?	YES	YES
Date vaccine administered:	02/26/2021	02/04/2021
Was the product stored at the required temperature as specified by the manufacturer?	YES	YES
Signed by:	Amanda Johnston	Ruthie Sexton RN
Did the employee consent to have their immunization information shared with the state registry?	YES	YES
Black or African-American		BLACK OR AFRICAN-AMERICAN
Date signed:	02/26/2021	02/04/2021
Did the employee consent to have their immunization information shared with their personal Electronic Health Record?	YES	YES
Administration site:	RIGHT ARM	RIGHT ARM
Does the employee have any chronic illnesses?	UNKNOWN	UNKNOWN
Administered by:	Kareem Griffith	Ruthie Sexton RN
CPT 4 Code	91300	91300
CVX Code	208	208
Dose Administered	0.3mL	0.3mL
Dose Form	0.3mL	0.3mL
Expiration Date	05/31/2021	05/31/2021

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COVID-19 (SARS-COV-2) IMMUNIZATION RECORD

Description / Result		02/26/2021 09:48	02/04/2021 11:56
Lot Number		EL9264	EL3302
Manufacturer		Pfizer	Pfizer
Presentation		Multi-dose vial	Multi-dose vial
Product ID		31462	31462
Product Name		Pfizer-BioNTech COVID-19 Vaccine	Pfizer-BioNTech COVID-19 Vaccine
Route		Intramuscular	Intramuscular
VIS Date		12/11/2020	12/11/2020

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This Electronic Health Record contains personal health information and is intended for authorized healthcare personnel only.
Contact Baptist Health Employee Health Services for more information.

Participant: Erika L Ledyard

Birth Date: 01/07/1990

Clinical services provided and/or recorded by Baptist Health 400 Taylor Rd. Montgomery, AL 36117; 2105 E. South Blvd. Montgomery, AL 36111; 200 S Memorial Dr. Prattville, AL 36067. Contact (334) 286-2739 for additional information.
Record/Results Printed: 12/07/2022 11:57:43 AM

HEPATITIS B TITER RECORD

Description / Result	02/03/2017 09:29
Hepatitis B titer performed by:	EHS AS PART OF THIS ENCOUNTER
Result of hepatitis B virus surface antibody:	POSITIVE
Immunity status:	IMMUNE
Hepatitis B virus surface antibody observed value:	Reactive
Date and time of specimen collection:	02/03/2017 13:13

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ISHIHARA COLOR VISION TEST

Description / Result	02/03/2017 09:29
Reason for test:	BASELINE/PREPLACEMENT
Type of test:	SHORT METHOD
Performed by:	sara kamerow
Date performed:	02/03/2017

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Birth Date: 01/07/1990

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MEASLES (RUBEOLA) TITER RECORD

Description / Result	02/03/2017 09:29
Measles (rubeola) titer performed by:	EHS AS PART OF THIS ENCOUNTER
Result of measles IgG:	POSITIVE
Immunity status:	IMMUNE
Measles IgG observed value:	101.0
Date of measles IgG:	02/04/2017 03:48
Comments:	INTERPRETATION: Positive: IgG antibody detected which may indicate current or previous exposure/immunization. Test performed at Warde Medical Laboratory, 300 W. Textile Rd., Ann Arbor, MI 48108 800-876-6522 William G. Finn, MD - Medical Director

Participant: Erika L Ledyard

Birth Date: 01/07/1990

Clinical services provided and/or recorded by Baptist Health 400 Taylor Rd. Montgomery, AL 36117; 2105 E. South Blvd. Montgomery, AL 36111; 200 S Memorial Dr. Prattville, AL 36067. Contact (334) 286-2739 for additional information.

Record/Results Printed: 12/07/2022 11:57:43 AM

MUMPS TITER RECORD

Description / Result	02/03/2017 09:29
Mumps titer performed by:	EHS AS PART OF THIS ENCOUNTER
Result of mumps IgG:	POSITIVE
Immunity status:	IMMUNE
Mumps IgG observed value:	53.8
Date of mumps IgG:	02/04/2017 03:48
Comments:	INTERPRETATION: Positive: IgG antibody detected which may indicate current or previous exposure/immunization. Test performed at Warde Medical Laboratory, 300 W. Textile Rd, Ann Arbor, MI 48108 800-876-6522 William G. Finn, MD - Medical Director

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RESPIRATOR FIT TESTING

Description / Result	02/08/2022 00:00	02/16/2021 00:00	01/28/2020 00:00	01/24/2019 00:00
N95: Make, model, and size	3M 1870 ONE SIZE N95		3M 1860 SMALL N95	3M 1860 SMALL N95
N95: Overall fit test result	PASS		PASS	PASS
Perform quantitative fit test:		NOT APPLICABLE		
Do you want to record a respirator fit next due date?	YES	NO	YES	YES
Education provided:	YES	YES	YES	YES
N95 respirator versus surgical mask	N95 RESPIRATOR VERSUS SURGICAL MASK		N95 RESPIRATOR VERSUS SURGICAL MASK	N95 RESPIRATOR VERSUS SURGICAL MASK
Respirator limitations	RESPIRATOR LIMITATIONS		RESPIRATOR LIMITATIONS	RESPIRATOR LIMITATIONS
Inspecting respirator condition	INSPECTING RESPIRATOR CONDITION		INSPECTING RESPIRATOR CONDITION	
Re-use	RE-USE		RE-USE	RE-USE
Donning and Doffing respirator and other PPE	DONNING AND DOFFING RESPIRATOR AND OTHER PPE		DONNING AND DOFFING RESPIRATOR AND OTHER PPE	DONNING AND DOFFING RESPIRATOR AND OTHER PPE
Where to obtain replacement respirators	WHERE TO OBTAIN REPLACEMENT RESPIRATORS		WHERE TO OBTAIN REPLACEMENT RESPIRATORS	
Location of respirator protection program			LOCATION OF RESPIRATOR PROTECTION PROGRAM	
Performed by:	Jamie Cole RN	Laura Hill	Jamie Cole RN	Donna Pugh RN
Date of fit test:	02/22/2022	02/22/2021	01/29/2020	01/25/2019
Respirator fit testing follow-up date:	02/13/2022		02/13/2021	02/13/2020
Comments/notes:		COVID - preserving masks, discussed universal one size masks, education provided, discussed mask previously used. Keep in paper bag between uses. Contact EH for any concerns.		
Has the health care worker had anything to eat, drink (other than water), or have they smoked or chewed gum in the past 15 minutes?	NO	NOT APPLICABLE	YES	NO
N95	N95		N95	N95

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