**HUMAN RESOURCES**
**Phone**: 866-551-6943 Toll free
**Fax**: 866-503-4090 Toll free
**Web site**: www.annexaprofessionalstaffing.com
**E-mail**: info@annexps.com

**Hepa Fit Mask Confirmation**

Employee Name:_____

Affiliate Provider: Annexa Professional Staffing__ Date:_____

I have been fitted for a Hepa Fit Mask on _____ (Date)

The Fit test was completed successfully Yes _____ No _____

The size of Hepa Fit Mask I wear is O Small
O Medium
O Large

My signature below indicates that the above information is correct and I give permission for this information to be shared with Annexa Professional Staffing clients for the purpose of working at client facilities.

_____ _____

Employee Signature Date