



WESTWAYS STAFFING SERVICES, INC.

Respiratory Fit Declination Form

Please choose one area for signature

I have been fit tested within the past year.

Date: _____ Signature: _____

(Please submit evidence of Fit Testing)

I understand that by declining the Respiratory Fit Test, I am potentially exposing myself to the tuberculosis bacteria and the risk of acquiring the disease.

I have been given the opportunity to receive the Respiratory Fit Test but decline Respiratory Fit Testing at this time. I do understand by declining this, I will continue to be at risk of acquiring Tuberculosis while caring for patients with this disease or suspected of having the disease.

Date: _____ Signature: _____

CORPORATE

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