Quick Reference Guide (QRG)

How to Book into a Monash Health Fit Test

This QRG is designed to show you how to:

- Complete the Fit Testing Consent and Medical Clearance Form
- How to book into the Monash Health Respiratory Protection Program

Completing the Fit Testing Consent and Medical Clearance Form

1. Visit the Monash Health RPE Fit Testing page via the Monash Health Coronavirus page at:

https://coronavirus.monashhealth.org/fit-test/

NOTE: Ensure you read all the information listed on the fit-test page including:

- What is Fit Testing?
- Why do we need Fit Testing?
- When will Fit Testing take place?
- What do I need to prepare for my Fit Test?
- How frequent is Fit Testing?
- What happens after Fit Test is completed?
- How do I book a Test?
- Fit Test Locations
- And additional <u>resources</u> available at the bottom of the RPE Fit Testing page
- 2. Navigate to the Consent and Booking section of the RPE Fit Testing page and click on '<u>Fit</u> <u>Testing Consent and Medical Clearance Form</u>'

Fit Testing Consent and Medical Clearance Form >

Online consent and medical clearance form/survey



- 3. Complete the Fit Testing Consent and Medical Clearance Form. You will need to complete all fields listed including the Medical Clearance Questionnaire
- 4. Once you have completed the form, select 'Submit Attestation'

Health F	Respiratory	Protection Program
Fit Testing Conse	nt and Medi	cal Clearance Form
I Confirm :		
I have	read the provi	ded information 🛃 and understand the conditions of this testing program
I conse	ent to provide	true and accurate medical information to obtain clearance for fit testing and Respiratory Protective Equipment (RPE) use.
I under Health	rstand Monasł and Human S	Health is required to release the information collected in this assessment to the Department of the Department of ervices.
Your Details :		
YOUR SURNAME		
FIRST NAME		
YOUR EMPLOYEE	NUMBER	
YOUR MOBILE CO	NTACT NUMB	ER
YOUR MONASH H	EALTH EMAIL	
YOUR MANAGER!	S NAME	
Medical Clearance	e Questionn	aire :
Yes	No No	Have you ever had seizures?
Yes	No	Have you ever had an allergic reaction to any respirator/facemasks that has affected your breathing?
Yes	No No	Whilst wearing a respirator/face mask have you ever experienced claustrophobia?
Yes	No No	Have you ever had any lung or respiratory disorders which will affect you wearing a respirator/facemask at work?
Yes	No No	Have you ever had any cardiovascular disorders which will affect you wearing a respirator/facemask at work?
Yes	No No	Do you anticipate any other problems that may interfere with your use of a respirator/face mask?
Ves	No No	Is this a repeat fit test?
Yes	No No	Would you like to talk to a member of the Respiratory Protection Program Review Team about your answers to this nuestionnaire?
		Submit Attestation
		Privacy Statement Contact Us

- 5. If you:
 - 5.1. Answered 'Yes' to any of the questions in the Medical Clearance Questionnaire, a screen with a purple question mark will appear. This will indicate that you cannot book for your RPP yet. The Respiratory Protection Program will call you via phone within 3 working days.



5.2. **Answered 'No' to all the questions** in the Medical Clearance Questionnaire, a screen with a green tick will appear. This will indicate that you can proceed and complete your RPP booking. Click on the green 'RPP Bookings' button to open the bookings page.

	or completing your fit test consent and medical clearance form.
Please click	01/21/2021 on the link below to make a fit test appointment.
1	RPP Bookings
Further inform will be Other inf	ation about the test and pre appointment checklis a provided as part of the booking process. compation about Fit Testing can be foundhare
Further inform will be Other inf	ation about the test and pre appointment checklis e provided as part of the booking process, ormation about Fit Testing can be foundhere

6. Ensure you first select your preferred service site:



7. Once you have selected your preferred service site, choose an appropriate date **and** time for your RPP booking

RPP Fit 1 hour 1	Testin <u>c</u> 5 minute	g - ELMI es	HS Build	ding, Cli	ay	1		RPP Fit Testing 1 hour 15 minut	g - Casey Ward D es	0
<) Jan	uary 202	21			21	January	1		
Mo	Tu	We	Th	Fr	Sa	Su		12:30 pm	1:30 pm	1:45 pm
				1	2	3		2:45 pm	3:00 pm	4:15 pm
4	5	6	7	8	9	10				
-11	12	13	14	15	16	17				
	10	20	21	22	23	24				
18	15		_							

8. Complete your personal details, including your **Monash Health email address**. If you have any special requests, enter these into the notes box.

	Add your details
Name	Please let us know if you have any special requests. Thank you.
Email	Notes (optional)
	Provide additional information
Employee ID	
Mobile Number	

9. Once all the booking information has been entered, select 'book'

RPP Fit Testing - ELMHS Building, Clay (1 1 hour 15 minutes							RPP Fit Testing - Casey Ward D 1 hour 15 minutes		
						21 Januar	y, 3:00 pm		
$\langle \rangle$	Janu	iary 202	21						
Мо	Tu	We	Th	Fr	Sa	Su	12:30 pm	1:30 pm	1:45 pm
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11	12	13	14	15	16	17			
18	19	20	21	22	23	24			
25	26	27	28	29	30	31			
First Na	me Las	t Name					Please let us know	if you have any speci	al requests.
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10. You will receive a confirmation email to your Monash Health email account if the booking has been successful. An outlook diary appointment will also be entered into your Monash Health outlook account calendar. You do not need to action the confirmation email. If you need to change your appointment date/time, you will be able to do this from the email confirmation you will receive.

For any queries, concerns or difficulties with Fit Testing at Monash Health, or the Fit Testing booking process, contact <u>RPPenquiries@monashhealth.org</u>