

## 24/7 STAFFING SOLUTIONS

### Consent for Respiratory Fit Testing

I, \_\_\_\_\_ give my consent to receive a respiratory fit test prior to being hired for employment with 24/7 Staffing Solutions. I understand the need for this test prior to working at the facility assigned to me.

Name: \_\_\_\_\_

Witness: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_