



**Hepa Mask Waiver Form**

I, \_\_\_\_\_, RN

\_\_\_\_\_ have been previously fitted for a Hepa Mask

\_\_\_\_\_ have not been previously fitted for a Hepa Mask

and I have chosen not be fitted for a mask at The Nurse Agency. I further waive The Nurse Agency from any responsibility or liability in this manner.

Signed: \_\_\_\_\_

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