

# Spirometry Test Intake

The information provided on this form, and the results of the screening, will not be shared with your employer

First name	Middle name	Last name	Date of birth
Phone number		Email	
Mailing Address			
Sex at birth M____ F____		Height ____ Inch cm	Weight ____ LB KG
Ethnicity ____Caucasian ____Hispanic ____Asian ____African ____NE Asian ____SE Asian ____Other			
<b>Smoker:</b> No ____ Yes ____, Years ____, Smokes per day ____ Former ____, Years since stopped ____		<b>Asthma:</b> No ____ Yes ____ Possible ____ Stable state: No ____ Yes ____ <b>COPD:</b> No ____ Yes ____ Possible ____ Stable state: No ____ Yes ____	
Company	Position		Years in occupation

Employee to complete-Test Preparation		
Have you engaged in strenuous activity in the last 30 minutes?	Yes	No
Have you eaten a large meal in the last 3 hours?	Yes	No
Have you consumed alcohol in the last 4 hours?	Yes	No
Have you smoked, anything(do not specify), in the last 4 hours?	Yes	No
<b>Please note: A "Yes" to any of the above questions may produce inaccurate test results and require the test to be repeated within 30 days.</b>		
<p>This test involves taking a deep breath and breathing out hard for at least 6 seconds, with the test being performed 3 times with short breaks between tests. Spirometry is usually safe, but there are some conditions where it may cause problems. If any of the following apply to you(<b>do not specify</b>), please have a healthcare professional clear you to perform the test:</p> <p>angina heart problems recent concussion uncontrolled high or low blood pressure pulmonary hypertension pulmonary embolism pneumothorax recent surgery on the brain, middle ear, sinuses, eyes, chest or abdomen late term pregnancy aneurysms frequent shortness of breath frequent dizziness</p>		

Do you wish to continue with the test today? Yes \_\_\_\_ No \_\_\_\_ Signature: \_\_\_\_\_

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

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