

# Spirometry Test Record

## Employee Information

Employee Name\*: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Smoker

## Test Details

Test Date\*: \_\_\_\_\_

Spirometer Serial No.: \_\_\_\_\_

Calibration performed\*

Pre-Test Health Status: \_\_\_\_\_ > Options: Normal, Respiratory Infection, Asthma, Emphysema, Other

Height (cm): \_\_\_\_\_

Weight (kg): \_\_\_\_\_

## Test Results

Acceptability Criteria Met: \_\_\_\_\_ > Options: Yes, No

### Individual Test Trials:

Trial #	FEV1 (L)	FVC (L)	FEV1/FVC (%)

Best FEV1 (L)\*: \_\_\_\_\_

Best FVC (L)\*: \_\_\_\_\_

Best FEV1/FVC (%)\*: \_\_\_\_\_

Comments: \_\_\_\_\_