

Spirometry Exam Report Page 1 of 2

Place Patient Label
Inside This Box

SPIROMETRY EXAM

Patient Name: _____
ID Number: _____ **Date of Birth:** _____
Any Lung Disease: _____

Smoking History:

Currently Smoke: Y N
Ever Smoked: Y N When _____
Cigarettes Cigars Pipe Other

Respiratory History:

Wheezing Resting Exercise How Long _____
 Cough Productive Non-Prod How Long _____
 Dyspnea Resting Exercise How Long _____

Test Conditions:

Good Fair Poor

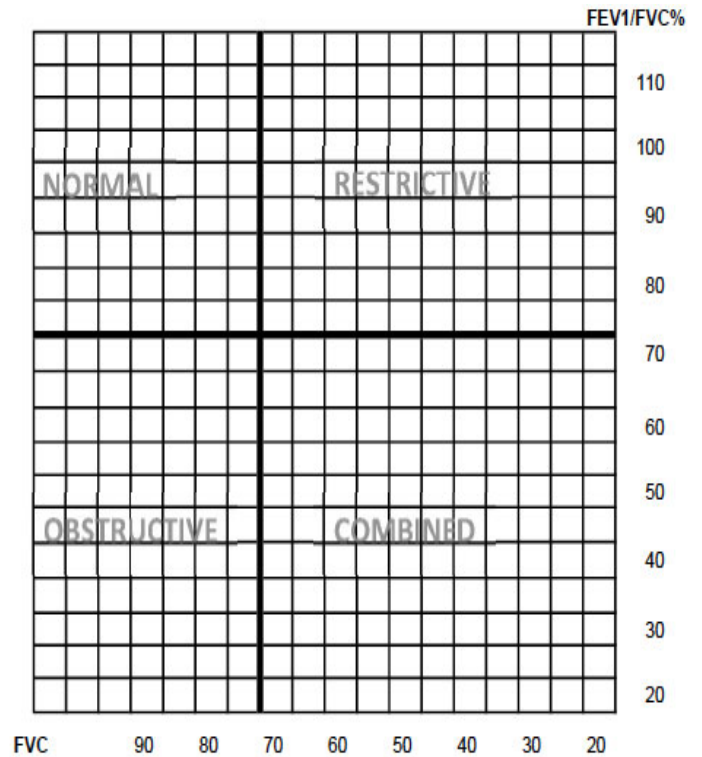
Subject's Effort:

Good Poor Comment: _____

Inhaler or Medication Use:

Yes No Explain: _____

Test Evaluation: _____



Evaluated By: _____

Date: _____

Time: _____

Place Patient Label
Inside This Box

Attach Results Here

A large, empty rectangular box with a black border, intended for attaching the results of the spirometry exam. The text 'Attach Results Here' is written vertically along the left side of this box.