Attachment 16 - Spirometry Results Form

Form Approved
OMB No. 0920-0020
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SPIROMETRY RESULTS FORM DEPARTMENT OF HEALTH AND HUMAN SERVICES UNITED STATES PUBLIC HEALTH SERVICE CENTERS FOR DISEASE CONTROL AND PREVENTION NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH COAL WORKERS' HEALTH SURVEILLANCE PROGRAM	**SPIROMETRY FACILITY NAME** _____ **FACILITY CERTIFICATE NUMBER** _____ **SPIROMETRY TECHNICIAN NUMBER** _____
MINER'S NAME _____,_____ _____ (Last) (First) (MI)	**MEDICAL RECORD NUMBER** _____

DATE OF BIRTH _____/_____/_____ (MM/DD/YYYY)	**SEX** ☐ M ☐F	**SPIROMETRY TEST DATE** _____/_____/_____ (MM/DD/YYYY)
RACE (check one) ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Other **Ethnicity** ☐ Hispanic or Latino ☐ Non-Hispanic or Latino		**SPIROMETER CALIBRATION CHECK DATE** _____/_____/_____ (MM/DD/YYYY) **TEST ROOM CONDITIONS** **Temp** ___ C ___ F **Barometric Press** _____ mmHg **TESTING POSITION** ☐ Standing ☐ Seated
MINER'S HEIGHT (stocking feet) _____ cm or inches (circle)		**MINER'S WEIGHT (stocking feet)** _____ kg or pounds (circle)

SPIROMETRY TEST RESULTS *			
	Trial # ___	**Trial # ___**	**Trial # ___**
FVC			
FEV1			
FEV6			
Peak Expiratory Flow			
Technician's Evaluation of Miner's Effort ☐ Maximal ☐ Sub-maximal ☐ Uncertain			

*****Report results from 3 trials, which include the highest and second highest FVC and FEV1 values and the highest Peak Expiratory Flow value, from among all acceptable curves.

☐ Electronic copies of the volume-time and flow-volume curves for the trials above are included with this form.