

Attachment 16 - Spirometry Results Form

NIOSH INTERNAL DRAFT

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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 _____ |

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|--|--|--|
| DATE OF BIRTH ____/____/____ (MM/DD/YYYY) | SEX <input type="checkbox"/> M <input type="checkbox"/> F | SPIROMETRY TEST DATE ____/____/____ (MM/DD/YYYY) |
| RACE (check one) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Other | Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino | SPIROMETER CALIBRATION CHECK DATE ____/____/____ (MM/DD/YYYY) |
| | | TEST ROOM CONDITIONS Temp ____ C ____ F Barometric Press _____ mmHg |
| | | TESTING POSITION <input type="checkbox"/> Standing <input type="checkbox"/> 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 <input type="checkbox"/> Maximal <input type="checkbox"/> Sub-maximal <input type="checkbox"/> 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.

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0020).