Attachment 16 - Spirometry Results Form

Form Approved

OMB No. 0920-0020

Expires xx/xx/20xx

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| **SPIROMETRY RESULTS FORM**DEPARTMENT OF HEALTH AND HUMAN SERVICESUNITED STATES PUBLIC HEALTH SERVICECENTERS FOR DISEASE CONTROL AND PREVENTIONNATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTHCOAL 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) Ethnicity**□ American Indian or Alaska Native □ Hispanic or Latino□ Asian □ Non-Hispanic or Latino□ Black or African American□ White□ Other | **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) |

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| **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.

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).