

Spirometry Results Notification Form DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH COAL WORKERS' HEALTH SURVEILLANCE PROGRAM (CWHSP)		NIOSH Coal Workers' Health Surveillance Program 1000 Frederick Lane M/S LB208 Morgantown, WV 26508	
SPIROMETRY FACILITY NAME		FACILITY #	SPIROMETER UNIT #
MINER'S NAME (LAST, FIRST, MIDDLE INITIAL)		MINER'S SOCIAL SECURITY NUMBER Full SSN is optional; last 4 digits are required	
MINER'S EMAIL ADDRESS		DATE OF BIRTH _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F
RACE AND/OR Ethnicity (check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Other: _____		MINER'S HEIGHT (stocking feet) _____ cm or _____ inches MINER'S WEIGHT (stocking feet) _____ kg or _____ pounds	
		BLOOD PRESSURE (resting) _____ / _____	HEART RATE (resting) _____
SPIROMETRY TECHNICIAN NUMBER		SPIROMETRY TEST DATE	
SPIROMETER CALIBRATION CHECK DATE		TEST ROOM CONDITIONS Temp ____ C ____ F Barometric Press ____ mmHg Relative Humidity ____ %	
TESTING POSITION <input type="checkbox"/> Standing <input type="checkbox"/> Seated		<input type="checkbox"/> Electronic copies of the volume-time and flow-volume curves for the trials below are included with this form.	

Spirometry Pre-Test Checklist

Yes	No	For items 1 – 6, review “Yes” responses with supervising clinician before testing.
<input type="checkbox"/>	<input type="checkbox"/>	1. Systolic BP \geq 160; Diastolic BP \geq 100; or Pulse rate is $>$ 110 beats per minutes. If yes, review with supervising clinician before testing.
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you had any surgeries on your chest, abdomen, head, or eye (including Lasik) or had a heart attack or stroke in the last 6 weeks? If yes, consult supervising clinician before testing and consider reschedule after 6-8 weeks.
<input type="checkbox"/>	<input type="checkbox"/>	3. Have you had a cold, flu, or respiratory infection in your chest within the last 3 weeks? If yes and symptoms still persist, consider reschedule in 6 weeks.
<input type="checkbox"/>	<input type="checkbox"/>	4. Have you ever been told by a doctor that you have an aneurysm or a weakness in a major blood vessel? If yes, consult supervising clinician before testing.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	5. Have you ever had a collapsed lung (pneumothorax)? If yes, consult supervising clinician before testing.
<input type="checkbox"/>	<input type="checkbox"/>	6. Have you coughed up any blood of unknown origin within the past 6 weeks? If yes, review with supervising clinician before testing.
<input type="checkbox"/>	<input type="checkbox"/>	7. Have you eaten a heavy meal within the last hour? If yes, try to wait 1 hour before testing.
<input type="checkbox"/>	<input type="checkbox"/>	8. Have you smoked within the last hour? If yes, try to wait 1 hour before testing.

The certified spirometry clinic must record the spirometry results below if an electronic spirometry record is not submitted to NIOSH. The printed spirometry report must also be submitted with the results below or an electronic record.

SPIROMETRY TEST RESULTS *			
Trial #			
FVC (L)			
FEV1 (L)			
FEV6 (L)			
Peak Expiratory Flow (L/s)			
Extrapolated Volume (L) (Vext or BEV)			
Forced Expiratory Time (s)			
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.

Please indicate when data was transmitted to NIOSH (MM/DD/YYYY):

FAX Date	Mail Date	Electronic Date	Component Transmitted
			Respiratory Assessment Form
			Spirometry Results Notification Form
			Printed Spirometry Report (Including Calibration Report)
			Electronic Spirometry Results

Public reporting burden of this collection of information is estimated to average 30 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 Reports Clearance Officer, 1600 Clifton Road, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA (0920-0020).