Comprehensive Care
Occupational Medicine Specialists

Address: 7501 West 15th Avenue
Gary, Indiana 46406
Phone #: (219) 977-2090
Fax #: (219) 977-2091
Web Address: compcareonline.com

Pulmonary Function Study

Employee's Last Name:	First Name:	Pre-Fix	SSN	DOB

Phone #:	Street Address:	City:	State:	Zip Code:

Employer:	Dept:	Job:

Race: Height: _____ ft _____ in Weight: _____ lbs

1) Have you ever worn a respirator?	Yes ☐	No ☐
2) If yes, did you have any problems with it?	Yes ☐	No ☐
3) Do you have asthma?	Yes ☐	No ☐
4) Do you have allergies?	Yes ☐	No ☐
5) Do you have a heart condition or disease?	Yes ☐	No ☐
6) Do you have a resipiratory condition or disease?	Yes ☐	No ☐
7) Do you smoke now?	Yes ☐	No ☐
8) Did you smoke in the past?	Yes ☐	No ☐
9) Do you wear glasses or contact lenses?	Yes ☐	No ☐
10) Do you wear dentures?	Yes ☐	No ☐
11) Have you ever had a seizure?	Yes ☐	No ☐
12) Do you have diabetes?	Yes ☐	No ☐
13) Do you have high blood pressure?	Yes ☐	No ☐
14) Do you have a fear of tight or enclosed places?	Yes ☐	No ☐
15) Do you take any medications?	Yes ☐	No ☐
16) Do you have any other conditions that might interfere with respirator use or limit work ability? (if yes, indicate below)	Yes ☐	No ☐

_____ _____ _____

_____ _____ _____

Forced Vital Capacity (FVC): _____

Forced Expiratory Volume (FEVI): _____

Forced Expiratory Flow (FEF 25-75): _____

Temperature (Celsius): _____

Barometric Pressure (mmHg): _____

Do results need volume correction? Yes ☐ No ☐

Test Effort: ☐ Maximum ☐ Good ☐ Poor

Examined By: _____ Date: _____