### Pulmonary Function Study

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<tr>
<th>Employee’s Last Name:</th>
<th>First Name:</th>
<th>Pre-Fix</th>
<th>SSN</th>
<th>DOB</th>
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<th>Street Address:</th>
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<th>State:</th>
<th>Zip Code:</th>
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**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 respiratory 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)

__________________________  __________________________  __________________________

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: ____________________________