ONGOING SPIRO FORM

Surname:

First Name:

Date of Spirometry (Lung) test:

Company:

DOB:

Contact Telephone:

Address:

Job Title:

Are you:

☐ Caucasian ☐ Asian

☐ Afro-Caribbean

☐ Other _____

Current Role and Exposures:

Height in cms _____ or Height in ins _____   Weight in kgs _____ or Weight in lbs _____

Since your last lung function test (Please give details):

Have you been short of breath?	☐ Yes	☐ No	_____
Have you had a chest injury or operation?	☐ Yes	☐ No	_____
Have you noticed any chest symptoms at work which improve when you are away from work?	☐ Yes	☐ No	_____
Is there or do you know of any substances or work process that may cause you a problem?	☐ Yes	☐ No	_____
Do you ever feel tightness of your chest?	☐ Yes	☐ No	_____
Do you have any allergies?	☐ Yes	☐ No	_____
Do you suffer with Hayfever/Asthma?	☐ Yes	☐ No	Since when...
Do you take regular exercise?	☐ Yes	☐ No	_____
Have you had any recent illness (not chest related)?	☐ Yes	☐ No	_____
Have you had an operation recently (not chest related)?	☐ Yes	☐ No	_____
Do you currently have a cold/cough/sore throat?	☐ Yes	☐ No	Since when...

Do you suffer from any of the following symptoms (excluding colds & flu)? (If so please give details)

Persistent cough?	☐ Yes	☐ No	_____
Excessive phlegm production?	☐ Yes	☐ No	_____
Attacks of wheezing?	☐ Yes	☐ No	_____
Frequent blocked nose?	☐ Yes	☐ No	_____
Frequent running nose?	☐ Yes	☐ No	_____
Frequent sore eyes?	☐ Yes	☐ No	_____
Frequent watery eyes?	☐ Yes	☐ No	_____
Do you or have you ever smoked?	☐ Yes	☐ No	_____

FOR SMOKERS

Which of these do you smoke?

Cigarettes ☐

Cigars ☐

Pipe ☐

How many / much do you smoke per day?

Have you deliberately cut down in past year? ☐ Yes ☐ No

If so, by how many;

How old were you when you started smoking regularly? _____ years

FOR EX-SMOKERS

When did you give up altogether?

How many did you smoke?

How long did you smoke for?

Employee Declaration

I consent to undertaking a Spirometry Examination and a standard pro-forma being provided to management confirming the results of this examination.

Additional consent will be obtained should any result of this examination need to be discussed with Management.

By ticking this box ☐ you are signing an agreement to the following statements:
I declare that all the foregoing statements are complete and true to the best of my knowledge.

Signature:

_____

Date:

_____