



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 _____



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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:
