

**PPMH
PHOEBE CORPORATE HEALTH
PULMONARY FUNCTION TESTING**

A pulmonary function test measures the ability of your lungs to forcefully expel air. You will be asked to inhale deeply and expel the air from your lungs as quickly and as forcefully as you can. A minimum of three trials will be conducted. This is a screening test for lung function and is not to be considered as a diagnosis. Your personal physician should evaluate any abnormalities.

Please complete the following information:

YES NO

1. Are you feeling well today?
2. Have you had a cold, flu, or other respiratory problem in the last three weeks?
3. Have you smoked in the last hour?
4. Have you eaten a large meal within the last hour?
5. Have you used a bronchodilator or any other medicine for your lungs in the last hour?
6. Do you currently smoke?
7. Have you smoked in the past? Date Quit:
8. Have you ever been diagnosed with asthma?

Height:

Weight:

Age:

Name:

Date:

Company:

SS#:

I have read the above information and had an opportunity to ask questions concerning this test. I am requesting a screening pulmonary function test be conducted by the Phoebe Corporate Health Center.

Patient's Signature:

Administered by:

Date: