

SPIROMETRY FLOW SHEET

For use of this form see TB MED 509; the proponent of this form is the Office of The Surgeon General.

| Name | | | Location | | | | Job Title | | | | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | | | Race | | | |
|-----------|-----------------|-----|----------|------------------------|-----|------------------------|------------------|-----|-------------------|-----|---|------------------|-----|--------------------------|-----|------------------------|--|
| Test Date | Spirometer Type | Age | Height | Observed Values (BTPS) | | | Predicted Values | | Percent Predicted | | Percent Changes Over Shift | | | Percent Changes Annually | | | |
| | | | | FEV ₁ | FVC | $\frac{FEV_1}{FVC} \%$ | FEV ₁ | FVC | FEV ₁ | FVC | Between | FEV ₁ | FVC | FEV ₁ | FVC | $\frac{FEV_1}{FVC} \%$ | |
| | | | | | | | | | | | | | | | | | |