

NORTHWESTERN OCCUPATIONAL HEALTH  
260 CREST ROAD, SUITE 101  
ST. ALBANS, VERMONT 05478  
PHONE:802-524-1223 FAX:802-524-1095

**SPIROMETRY- PRESCREENING QUESTIONS**

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Completed by Certified Spirometry Technician Prior to Testing and Attached to the Spirometry Record.

Name: \_\_\_\_\_ Site: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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- Yes No 1. In the last 6 weeks have you had a chest injury or surgery involving the eye, ear, chest, abdomen or been hospitalized for a heart attack?  
**If Yes:**  
1a. **Do not test at this time. Reschedule spirometry test for 6 weeks.**
- Yes No 2. Are you under a physicians care for high blood pressure?  
**If Yes:**  
2a. **If blood pressure exceeds action level, obtain physician clearance before proceeding.**
- Yes No 3. Within the last hour have you smoked tobacco?
- Yes No 4. Within the last hour have you eaten a full meal?  
4a. **If Yes to either smoking or eating, if possible wait one hour before testing, otherwise make notation to overreader and proceed.**
- Yes No 5. Have you had a respiratory infection (such as flu, pneumonia, bronchitis, or a chest cold) in the last 3 weeks?  
**If Yes:**  
5a. **Continue the spirometry testing now and schedule to retest in 6 weeks.**
- Yes No 6. Have you used an inhaled bronchodilator (Primatine Mist, Ventolin, etc.) in the last 6 hours?
- Yes No 7. Have you had more than 2 cups of caffeinated coffee, tea or cola (total) in the last 6 hours?  
**If Yes:**  
7a. **If possible, wait one hour before testing, otherwise make notation to overreader and proceed.**
- Yes No 8. Are you wearing any tight or restrictive clothing?
- Yes No 9. Are you wearing dentures?

**Today's Measurement:**

Height \_\_\_\_\_ Inches (measured by tape) Weight: \_\_\_\_\_ Pounds (measured by scale)  
(If measurements fall exactly on the half inch, or half pound, round odd numbers down and even up).

**Certified Spirometry technician's initials or ID#** \_\_\_\_\_ **Date:** \_\_\_\_\_