



Respiratory Examination Record

Date of Exam: _____ Gender: _____

Patient Name: _____ Phone Number: _____

Address: _____

SSN: _____ Employer: PDS Tech Branch: _____

Examination

Height: _____

Weight: _____

Pulse: _____

Temperature: _____

Blood Pressure: _____

Respiration: _____

(Circle)

Heart	Normal	Abnormal
Lungs	Normal	Abnormal
Ears	Normal	Abnormal
Ear Drums	Normal	Abnormal
Nose	Normal	Abnormal
Buccal Cavity	Normal	Abnormal
Pharynx	Normal	Abnormal
Musculoskeletal	Normal	Abnormal
Hernia	Normal	Abnormal

Respirator Fit Test

- Not performed at center
- Pass
- Fail
- Return for follow up test

Date Time

This examination expires on: _____

Physicians Signature _____

Testing

Testing necessary for 29CFR 1910.134 does not include testing necessary for other OSHA medical surveillance

EKG Performed: YES ___ NO ___

Comments: _____

Spirometer Performed: YES ___ NO ___

Spirometer Results Attached: YES ___ NO ___

Comments: _____

Chest X-Ray Performed: YES ___ NO ___

Results: WNL YES ___ NO ___

of Views: _____

X-Ray #: _____

Comments: _____

B-reader required: YES ___ NO ___

Date sent: _____

Results: _____

Vision Testing: YES ___ NO ___

Right Eye: FAR ___ NEAR ___

Left Eye: FAR ___ NEAR ___

Color: _____

Depth Perception: _____

Peripheral: _____

Audiometric Test Ordered: YES ___ NO ___

Results: Within Range ___ Out of Range ___

Comments: _____

Blood Test Ordered: Yes ___ NO ___

Results: Within Range ___ Out of Range ___

Comments: _____

Urinalysis Ordered: YES ___ NO ___

Results: Within Range ___ Out of Range ___

Comments: _____



Pulmonary Function Test

Patients Name (Last, First, MI) _____

Address: _____

Employee SSN: _____

Test Number: _____

Age: _____

Test Date: _____

Race: Black Hispanic White Asian Other

Time of Test: _____

Sex: Male Female

Location of Test: _____

Smoker Nonsmoker Former Smoker

Height: _____ Weight: _____

Currently used medication: _____

Spirometer Pulmonometer:

Last date calibrated: _____

Ambient temp at time of test: _____

Last dose: _____

Attach print out here

Comments: _____

Technicians Signature

Technicians Name (Please Print Legibly)
