	HOSPITAL SULTAN ABDUL AZIZ SHAH **UNIVERSITI PUTRA MALAYSIA** **Kod Dokumen: HSAAS/MEDIC/BR17**
	SPIROMETRY TEST FORM

Name :

I/C Number :

MRN : Race :

Gender : DOB :

Age : Race :

Weight (kg) : Height (m) :

Clinic / Ward : _____

Current smoker	:	☐	Yes	☐	No
Ex-Smoker	:	☐	Yes	☐	No
Asthma	:	☐	Yes	☐	No
COPD	:	☐	Yes	☐	No
Lung Fibrosis	:	☐	Yes	☐	No
Covid-19 Screening	:	☐	PCR (POSITIVE / NEGATIVE)		

Occupational History :

DATE FOR OUTPATIENT:

Date: **Time:**

****REASON FOR SPIROMETRY TEST:**

✓ *Please discuss with pulmonologist before ordering these test*

****Requesting by Medical Officer:**

****Counter sign by Medical Specialist / Consultant:**

**** Mandatory fields**
(Incomplete form might be rejected)