



**Firefighters
 and
 Police Officers
 Lung Examination
 Form**

Name (Last, First, Middle)	Sex	Date of Examination
Address	Age	Date of Birth
Personal Physician's Name	Occupation	

PHYSICAL

HEIGHT

BLOOD PRESSURE

WEIGHT

OVERWEIGHT? YES NO

CHEST X-RAY

NORMAL

ABNORMAL (Specify)

STETHOSCOPIC EXAMINATION OF THE LUNGS

NORMAL

ABNORMAL (Specify)

SPIROMETER TEST* (OPTIONAL FOR VOLUNTEER FIREFIGHTERS)

NORMAL

ABNORMAL (Specify)

*Spirometer testing is to be conducted in accordance with Social Security Regulations entitled "Rules for Determining Disability and Blindness", SSA Publication No.64-014, I.C.N. 436850, June 1985

It is recommended that you contact your personal physician for advice concerning correction of . . .

Examiner's Signature	Date
----------------------	------

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature	Date
----------------------	------