



# Maidstone Family Clinic

Medical & Healthcare, Put your health first

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**medicare**  
**Bulk Billing**

## Medical Certificate

THIS IS TO CERTIFY THAT

Mr [redacted] has a normal spirometry report and will be fit for asbestos removal work.

EXAMPLE DOCUMENT ONLY

**Pulmonary Function Test Results**

**Visit date**

Patient code \_\_\_\_\_ Age \_\_\_\_\_  
 Surname \_\_\_\_\_ Gender **Male**  
 Name \_\_\_\_\_ Height, cm \_\_\_\_\_  
 Date of birth \_\_\_\_\_ Weight, kg \_\_\_\_\_  
 Ethnic group **Asian** BMI \_\_\_\_\_  
 Smoke **No smoker** Pack-Year \_\_\_\_\_  
 Patient group \_\_\_\_\_

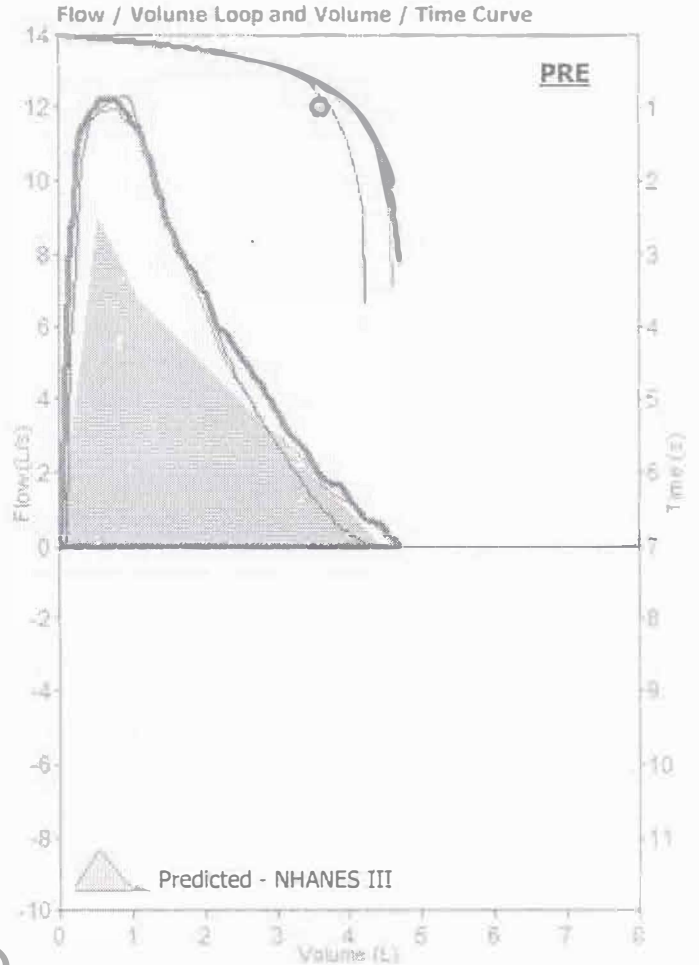
**Interpretation**



Normal Spirometry

**Best values from all loops**

Parameters	LLN	ULN	PRE	%Pred	Z-score	POST	%Chg
FVC	L	3.65	5.22	4.70	106	0.56	
FEV1	L	2.95	4.27	4.13	114	1.62	
FEV1%	%	71.0	90.3	87.90	109	1.24	
PEF	L/s	7.03	10.92	12.37	138	2.87	



**PRE Trial date**

Parameters	LLN	ULN	Pred	PRE # 1	%Pred	Z-score	PRE # 2	PRE # 3	POST#1	%Pred	%Chg
FVC	L	3.65	5.22	4.43	4.70	106	4.59	4.22			
FEV1	L	2.95	4.27	3.61	4.13	114	4.01	3.73			
FEV1/FVC	%	71.0	90.3	80.6	87.9	109	87.4	88.4			
PEF	L/s	7.03	10.92	8.98	12.28	137	12.07	12.37			
ELA	Years			36				36			
FEF2575	L/s	2.31	4.99	3.65	4.78	131	4.44	4.91			
FET	s			6.00	3.09	52	3.46	3.71			
FIVC	L	3.65	5.22	4.43							
FEV1/VC	%	71.0	90.3	80.6							

BTPS 1.092 25 °C 77 °F

**Conclusion / Medical report**

**Quality Report**

**B**

Repeatable FVC, Repeatable FEV1,  
Repeatable PEF

Signature \_\_\_\_\_

Instrument used \_\_\_\_\_