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| **ESTUDIO FUNCIONAL ESPIROMETRIA**  Empresa: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apellido y Nombre: |  |  | |  | | |  |  | |  | | FECHA: | | | | | | |  | |  | | | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | |  | |  | |  |  |
| DNI: |  |  | |  | | |  |  | |  | |  | | | | | | |  | |  | | | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | |  | |  | |  |  |
| Fecha Nac.: |  |  | |  | | |  |  | |  | | Edad: | | | | | | |  | |  | | | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | |  | |  | |  |  |
| Peso: |  |  | |  | | |  |  | |  | | Altura: | | |  |  | | | | | | |  | | |  | | | | |  | |  | |  | | |  | | |  | | | |  | | | | |
| Oximetría:  Satura al %  Frecuencia Cardiaca: x`  **DECLARACIÓN JURADA** | | |  | |  |  | | |  | |  | |  |  | | | | | |  | |  | | | | |  | | |  | | | | | | |  | | |  | | |  | | | | |  | |  | |  | |
| Fumador: | | | | SI | | |  | NO | |  | | EXFUMADOR | | | | |  | Cantidad: | | | | | |  |  | | | |  | | |  | |  | |  | | |  | | | | |  | | |
| Antecedentes: | | | | SI | | |  | NO | |  | |  | | | | |  | Detalle: | | | | | |  |  | | | |  | | |  | |  | |  | | |  | | | | |  | | |
| Usa Broncodilatador | |  | | SI | | |  | NO | |  | |  | | | | |  | Detalle: | | | | | |  |  | | | |  | | |  | |  | |  | | |  | | | | |  | | |
| Problemas para realizar el estudio: | | | | SI | | |  | NO | |  | |  | | | | |  | Detalle: | | | | | |  |  | | | |  | | |  | |  | |  | | |  | | | | |  | | |
| Actualmente Problemas Respiratorios | | | | SI | | |  | NO | |  | |  | | | | |  | Detalle: | | | | | |  |  | | | |  | | |  | |  | |  | | |  | | | | |  | | |
| Utiliza elementos de protección respiratoria | | | | SI | | |  | NO | |  | |  | | | | |  | Detalle: | | | | | |  |  | | | |  | | |  | |  | |  | | |  | | | | |  | | |
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OBSERVACIONES:

FIRMA DEL PACIENTE FIRMA DEL MEDICO