

HORIZON HEALTH ACCESS, PC
12 Daniel Road East ~ Suite 326
Fairfield, NJ 07004
PH: 973-571-9180 ** FAX: 973-571-9174

Pulmonary Function / Respirator Fit Test

Test Date: _____ **Company:** _____

Social Security Number: _____

Name: _____ **M**____ **F**____

Date of Birth: _____

Street Address: _____

City,State,Zip: _____

Home/Cell Phone: _____

Height: _____ **Weight:** _____

Smoker: _____ **Yes** _____ **cigarettes per day** x _____ **years.**

_____ **Former** **Quit** _____ **yrs ago after smoking** _____ **cigs** x _____ **years**

_____ **No, never smoked**

To be completed at time of testing:

Respirator Make: _____ **Model:** _____ **Size:** _____