

OXIMETRY PRINTOUT FORM

Client's Name: _____

Physician: _____

Tester: _____

Tester Registration Number: _____

ROOM AIR TEST

SUPPLEMENTARY OXYGEN TEST

attach
oximeter
print-out
here

? **Free Walking**

distance _____m

? **Treadmill**

speed _____km/hr

? **Bicycle**

work rate _____watts

distance _____m

speed _____km/hr

work rate _____watts

attach
oximeter
print-out
here