

OXIMETRY PRINTOUT FORM

Client's Name: _____

Physician: _____

Tester name/signature: _____

Tester Number: _____

Test date: _____

ROOM AIR TEST

attach
oximeter
print-out
here

- Free Walking**
distance _____m
- Treadmill**
speed _____km/hr
- Bicycle**
work rate _____watts

SUPPLEMENTARY OXYGEN TEST

attach
oximeter
print-out
here

- distance _____m
- speed _____km/hr
- work rate _____watts