

## WORK SHEET for Eucapnic Voluntary Hyperpnea or Exercise IOC document

Name of Athlete:		Country	
Testing Institution & City:			
Date of Test (dd/mm/yy):		Type of Challenge:	
Medical Officer Responsible for Report:			Phone No:
Medical Officer Responsible for Athlete:			Photo ID Checked (Y/N):
Childhood Asthma (Y/N):	Age of Onset:	Date of Birth (dd/mm/yy):	
Age (yrs):	Gender (M/F):	Race:	Height (cm): Weight (kg):
Make and Model of Spirometer used:			

Spirometry ( BTPS)	Baseline Before challenge	% Predicted	Lowest value after challenge	Post Bronchodilator	% Predicted
FEV <sub>1</sub> (L)					
FVC (L)					
FEV <sub>1</sub> /VC %					
FEF <sub>25-75</sub> (L/sec)					

Target V <sub>E</sub> for EVH (FEV <sub>1</sub> x 30) (L)(BTPS):	Achieved V <sub>E</sub> (L)(BTPS):
Ventilation for exercise (L/min)(BTPS):	Heart Rate (bpm):
Duration of challenge (min):	

Time Post Challenge (min)	FEV <sub>1</sub> (L)	FVC (L)	% Fall in FEV <sub>1</sub> from baseline	% Predicted
3				
5				
7				
10				
15				
20				
30 ( for exercise)				

Note the best value of two or three FEV<sub>1</sub> values with less than 5% variation is documented each time point. Other measurements are elective.

**COMMENTS:**