Työterveyslaitos

Form for PEF monitoring at workplaces

Filled out by nurse:

Year:_____ Start date:_____ Ending date:_____

Patient's name:_____

Patient's date of birth:_____

Regularly used asthma medication:

☐ no regular asthma medication

☐ _____

Asthma medication taken as needed:

_____

Meter ☐ automatic, model_____
☐ manual, model_____

Filled out by patient:

Date	Work started (time)	Work ended (time)	I went to sleep (time)

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Year:_____ Name:_____ Date of birth:_____

Date	Time	W/O (at work/ off work)	PEF measurements 3 blows(extra blows when needed)			Specific place at work tasks, substances used, other factors influencing the symptoms	Symptoms, asthma medication taken as needed

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