

PULMONARY QUESTIONNAIRE

Dear Doctor:

Your patient, _____, is applying for a position with the Federal Bureau of Investigation (FBI). The position is physically demanding and requires the ability to perform strenuous exercise in the normal course of duty to protect the life of the applicant and others. These duties can be expected to place stressful demands on the respiratory system. Accordingly, in view of the history provided by the applicant you are requested to provide the following supplemental information to the FBI. Your patient has provided consent to you for release of this information.

1. Does your patient have a lung disease or disorder? What complications?
2. What is the medical diagnosis?
3. Does your patient use medication for a lung disorder?
4. How long have you been treating this patient?
5. If the diagnosis is Asthma, is it mild, moderate or severe?
6. In the last five years how many attacks has your patient suffered?
7. How frequently did these attacks occur?
8. How severe were these attacks?
9. When was the last attack? Was it mild, moderate or severe?
10. Has your patient been treated in an ER, hospital, or your office for SOB or dyspnea? When?
11. Does airway obstruction clear with the use of a bronchodilator?
12. Has your patient been hospitalized to monitor and treat breathing difficulty?
13. Has your patient been intubated for respiratory distress?
14. Has your patient been treated with I. V. or oral steroids?
15. Are you aware of any stimuli that trigger asthma attacks? Be specific.
16. Have there been any provocative tests? e. g. RAST testing, skin testing, methacholine challenge
17. Has immunological therapy been recommended for your patient?
18. Has your patient missed school or work for reasons related to pulmonary disease? To what extent?
19. To what extent would this disorder affect your patient's ability to:
 - a. Sprint for distances up to 100 yards?

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- b. Run for distances up to 2 miles?
- c. Wear a respirator?
- d. Maintain eye/hand coordination during periods of extreme stress?
- e. Engage in any of the above activities with little or no warning?

20. **Please provide copies of pulmonary function tests, spiograms, peak flows and/or chest x-rays.**

Thank you for your cooperation. Is there any additional information that might be helpful in evaluating your patient for a position with the FBI?

Physician signature _____ Date _____

Board Certified Y___N___(Specialty_____) Print Name_____

Comments: