

AEROMEDICAL GRADED EXERCISE TEST REPORT FORM

Patient Name		SSAN:		DATE:
Rank:	Age:	Gender:	Race:	HT/WT (in/lbs)
Medications:			Facility:	
LDL:	HDL:	Chol/HDL ratio:	Tot Chol:	FRI:

Bruce Protocol

Pre-Exercise:		Sitting Heart Rate:		Sitting BP		Resting EKG Analysis
		Hypervent HR:		Hypervent BP:		
		Supine HR:		Supine BP:		
E X C E R C I S E	Minutes	MPH	%Grade	Heart Rate	BP	Comments(Sxs, EKG Changes, etc.)
	0	1.7	10			
	1					
	2					
	3	2.5	12			
	4					
	5					
	6	3.4	14			
	7					
	8					
	9	4.2	16			
	10					
	11					
	12	5	18			
	13					
	14					
15	5.5	20				
Post Exercise	Immediate					
	2					
	5					
	8					

ANALYSIS

Total Exercise Time:	Max. BP:
Peak Exercise Heart Rate:	
Total Mets:	
Reason for Termination	
<input type="checkbox"/> Exhaustion	<input type="checkbox"/> Chest Pain/Angina
<input type="checkbox"/> ST Seg changes	<input type="checkbox"/> Hypertensive BP Response
<input type="checkbox"/> Jt/Muscle Pain	<input type="checkbox"/> Poor Conditioning
	<input type="checkbox"/> Dysrhythmia
	<input type="checkbox"/> Fatigue
	<input type="checkbox"/> Other
Physician Intrepretation:	
<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Comments:	
Physician Stamp:	Physician Signature: