

**INSTITUTE OF PULMOCARE & RESEARCH**  
**[ 2 chair test (2 CT) proforma ]**

**Name:**

**Date:**

**Age:**

**Sex:**

**Registration No.:**

**Contact No.:**

**Address:**

**Diagnosis:**

**Exercise Time:**

<b>Time</b>	<b>Pulse rate (/min.)</b>	<b>SaO<sub>2</sub> (%)</b>
<b>Rest</b>		
<b>Just after exercise</b>		
<b>After 10 sec</b>		
<b>After 20 sec</b>		
<b>After 30 sec</b>		
<b>After 40 sec</b>		
<b>After 50 sec</b>		
<b>After 60 sec</b>		
<b>After 70 sec</b>		
<b>After 80 sec</b>		
<b>After 90 sec</b>		
<b>After 100 sec</b>		
<b>After 110 sec</b>		
<b>After 120 sec</b>		

**Signature of patient:**

**Date:**

**Signature of technician:**

**Date:**

**Signature of consultant:**

**Date:**