

## Bronchial Reactivity Test Form

To be completed by an accredited specialist in Respiratory Medicine and returned to AME (for Class 2) or CAA AMS\* (for Class 1).

Please see [UK CAA asthma certification guidance](#) for further information.

Fees incurred in providing reports are the responsibility of the applicant and not the CAA.

<b>CAA Reference Number:</b>		
<b>Name:</b>		
<b>DOB:</b>		
<b>Reason for Request:</b>		
➤ Abnormal lung function:	Class 1: FEV <sub>1</sub> /FVC <70%	<input type="checkbox"/>
	Class 2: Peak flow <80% predicted	<input type="checkbox"/>
	Other	<input type="checkbox"/>
➤ History of asthma:	Current or past diagnosis of asthma (within 5 yrs Class 1 or 2 yrs for Class 2) needing regular (> once per 3 months) use of any inhaler	<input type="checkbox"/>
➤ Other clinical reason:	.....	<input type="checkbox"/>
<b>List of current medication taken</b>	.....	
	.....	
	.....	
	.....	
<b>Contraindications for Exercise Spirometry:</b>		
	<b>YES</b>	<b>NO</b>
<b>Active illness</b> (e.g. URTI, fever, current treatment for cold, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cardiovascular abnormalities</b> (e.g. suspicious history, abnormal findings during examination incl ECG, etc)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other:</b> .....	<input type="checkbox"/>	<input type="checkbox"/>

**Bronchial Reactivity Test (6 minute free running test):**

(A) Resting FEV<sub>1</sub> (ml) .....

(B) Immediate post-exercise FEV<sub>1</sub> ..... (ml) = ..... % fall [(A-B)/A]

(C) 10 minutes post-exercise FEV<sub>1</sub> ..... (ml) = ..... % fall [(A-C)/A]

Please tick ONE:

- ≤ 10% FEV<sub>1</sub> fall
- 11-15% FEV<sub>1</sub> fall
- 16-20% FEV<sub>1</sub> fall
- > 20% FEV<sub>1</sub> fall

If further investigations/information/discussion required, please specify:

.....

If any follow-up requirements, please specify:

.....

**Test conclusions:**

**Any additional comments:**

**Name (Print):** ..... **GMC No:** .....

**Signature:** ..... **Date of Signing:** .....

Please send the completed form to AME for Class 2  
or  
AMS for Class 1:  
Authority Medical Section  
Medical Department  
CAA  
Gatwick Airport South  
West Sussex RH6 0YR