



Timed Vital Capacity Chart

Insurance company _____

Insurance company's home office city/state _____

Agency _____ Agent's name _____

Applicant's name _____

Address _____

Date-of-birth _____ Height _____ Weight _____

Timed Vital Capacity/TVC

Actual Values

FVC

FEV₁

Test 1. . Liters

2. . Liters

3. . Liters

. Liters/1 Sec.

. Liters/1 Sec.

. Liters/1 Sec.

Predicted Values

Sex M F

FVC . Liters

FEV₁ . Liters/1 Sec.

Examiner's signature _____ Date _____

Applicant's signature _____

