(Affix patient label here)	
Patient ID:	
Family name:	
Given name(s):	
Date of birth:	Sex: M F I



## Six Minute Walk Test (6MWT) recording form

Medical history checked Medical clearance provided for the patient to participate in exercise testing  Contraindications to 6MWT: Resting heart rate > 120 beats / min after 10 minutes rest (relative contraindication) Systolic blood pressure > 180 mm Hg +/- diastolic blood pressure > 100 mm Hg (relative contraindication) Resting SpO2 < 85% on room air or on prescribed level of supplemental oxygen Physical disability preventing safe performance No contraindications identified								
6MV	/T 1					Date:	Time:	
Supplemental Oxygen						Mobility Aid		
Time mins	ВР	SpO2	HR	RPE	Distance walked	Rests / comments		
Rest								
1								
2								
3								
4								
5								
6								
Recovery 1								
2								
Total distance: Symptom recovery: HR recovery:  Limiting factor:  Was test terminated? No Yes If yes: when?								
6MWT Termination Criteria:  Chest pain or angina-like symptoms  Heart rate > Predicted HR max.  Evolving mental confusion, light-headedness or incoordination  Physical or verbal severe fatigue				symptom max. 1, light-ho	is	<ul> <li>☐ Intolerable dyspnoea, unrelieved by rest</li> <li>☐ Persistent SpO2 &lt;85% (Note: pending clinical presentation)</li> <li>☐ Abnormal gait pattern (leg cramps, staggering, ataxia)</li> <li>☐ Other clinically warranted reason</li> </ul>		

(Affix patient label here)	
Patient ID:	
Family name:	
Given name(s):	
Date of birth:	Sex: M F I



## Six Minute Walk Test (6MWT) recording form

Med	Medical history checked								
Medical clearance provided for the patient to participate in exercise testing									
Contraindications to 6MWT:									
	Resting heart rate > 120 beats / min after 10 minutes rest (relative contraindication)								
_ ′	Systolic blood pressure > 180 mm Hg +/- diastolic blood pressure > 100 mm Hg (relative contraindication)								
Resting SpO2 < 85% on room air or on prescribed level of supplemental oxygen									
,	Physical disability preventing safe performance  No contraindications identified								
_		ndication	s ident	ified		<b>-</b>	I		
6MV	/T 2					Date:	Time:		
Supplemental Oxygen						Mobility Aid	Mobility Aid		
Time mins	BP	SpO2	HR	RPE	Distance walked	Rests / comments			
Rest									
1									
2									
3									
4									
5									
6									
Recovery 1									
2									
Total d	otal distance: Symptom recovery:			ymptom recovery:	HI	R recovery:			
Limitir	ig facto	or:							
Was test terminated? No Yes If yes: when?									
6MWT	Termi	nation Cı	iteria:			☐ Intolerable dy	spnoea, unrelieved by rest		
Chest pain or angina-like symptoms					ns		02 <85% (Note: pending clinical		
Heart rate > Predicted HR max.						presentation)			
Evolving mental confusion, light-headedness or incoordination				n, light-h	eadedness or	_	Abnormal gait pattern (leg cramps, staggering, ataxia)		
incoordination  Other clinically warranted reason  Physical or verbal severe fatigue									