County of Los Angeles
Occupational Health Programs

MEDICAL EXAMINER'S NOTE

Name: _____

Last 4 SSN: _____ Date of Birth: _____

Clinic Name: _____

Circle All Exams Performed:

Asbestos	(E09)	Lead	(E11)
Clan Lab	(E24)	Respirator	(E05)
Comm Driver	(D)	Return-To-Work	(W)
Confined Space	(E02)	SCUBA	(E12)
Crane operator	(E20)	Fitness-for-Life	(W01)
Executive	(W02)	+ HAZMAT	(W06)
FBI Bomb	(E22)	+ Comm Driver	(WD)
Hearing	(E18)	+ SCUBA	(W12)
HAZMAT	(E06)	Age 60	(E26)
TB Screening	(I01)	ILL-at-Work	(E30)
Armed Reserve	(E27)		

Date	Subjective / Objective / Assessment / Plan

Triage: ☐ No New Restrictions ☐ OHP Review
☐ Not Applicable ☐ Restricted
[FFL only or Executive]

List Restrictions or Indications for OHP Review:

Physician's Signature	Physician's Printed Name	Date

Revised 12/10/15

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MEDICAL EXAMINER'S NOTE (continuation page)

Date	Subjective / Objective / Assessment / Plan