

# EMPLOYEE EXAMINATION DATA

**Occupational Health Programs  
Chief Executive Office  
County of Los Angeles**

Name (Last, First MI)			
Employee Number	Sex	Age	Exam Date
Job Title			Item Number
Department Name			

<b>Body Composition</b> Height _____ (no shoes) Weight _____ (no shoes/coat) BMI _____	<b>Urinalysis</b> Glucose ____ Protein ____ Blood ____ Sp. Gr. ____	<b>Blood Pressure</b> BP After 3-5 Minutes in Chair ____/____ Pulse: ____ Rhythm ____ Repeat Testing If: BP>120/80 ____/____ Pulse: ____ Rhythm ____ Third Test if 1st & 2nd Read ____/____ Pulse: ____ Rhythm ____ Differ by >5 mm Hg																																																														
<b>Distant Vision</b> <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts Titmus: Right 20/____ Corr to 20/____ Left 20/____ Corr to 20/____ OU 20/____ Corr to 20/____ Bailey-Lovie/EDTRS Chart: (If applicable) Right 20/____ Corr to 20/____ Left 20/____ Corr to 20/____ OU 20/____ Corr to 20/____		<b>Physical Exam Per Protocol Sheet:</b> <input type="checkbox"/> <b>As Needed:</b> Perform a specific body system exam if there is a history of a problem within the last year, <u>and</u> a nexus between the problem and the purpose of the Employee Medical requested. List the name of each body system examined in the space to the right below, and then describe all negative and positive findings. Repeat if more than one "As Needed" exam is required. <input type="checkbox"/> <b>Required Physical:</b> Clearly indicate which components were examined if less than a "Complete" exam is required. All positive findings and pertinent negatives must be fully described in the space to the right below.																																																														
<b>Color Vision</b> Titmus Signal Lights ____/16		<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 60%;">Complete Exam</th> <th style="width: 10%;">WNL</th> <th style="width: 10%;">ABN</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td><b>Eyes:</b> Pupils, EOM, lens, retina</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>ENT:</b> Nodes, Thyroid, Middle Ear (PRN)</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Cardiac:</b> Auscultate; describe murmurs</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Lungs:</b> Auscultate; do chest expansion if restricted</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Abdomen:</b> liver, spleen, umbilical hernia; AA if &gt;50 y.o.</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Vascular:</b> Carotids, venous insufficiency</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Hernias:</b> male inguinal</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Neuro:</b> DTR's + PRN</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Skin:</b> note folliculi barbae</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Back:</b> Scars + PRN</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Knees:</b> Scars +PRN</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Neck:</b> PRN</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Shoulder:</b> PRN</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Wrist:</b> PRN</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Complete Exam	WNL	ABN		<b>Eyes:</b> Pupils, EOM, lens, retina				<b>ENT:</b> Nodes, Thyroid, Middle Ear (PRN)				<b>Cardiac:</b> Auscultate; describe murmurs				<b>Lungs:</b> Auscultate; do chest expansion if restricted				<b>Abdomen:</b> liver, spleen, umbilical hernia; AA if >50 y.o.				<b>Vascular:</b> Carotids, venous insufficiency				<b>Hernias:</b> male inguinal				<b>Neuro:</b> DTR's + PRN				<b>Skin:</b> note folliculi barbae				<b>Back:</b> Scars + PRN				<b>Knees:</b> Scars +PRN				<b>Neck:</b> PRN				<b>Shoulder:</b> PRN				<b>Wrist:</b> PRN			
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