

GENERAL PRE-PLACEMENT MEDICAL EXAMINATION DATA

County of Los Angeles - Occupational Health Programs

Chief Executive Office

Name (Last, First MI)		SSN/Employee Number	Sex	Age	Exam Date
Job Title		Item Number	Department Name		
Body Composition	Dip Stick UA	Blood Pressure			
Height _____ (no shoes)	Glucose ____	BP After 3-5 Minutes in Chair		____/____	Pulse: ____
Weight _____ (no shoes/coat)	Protein ____	Repeat if BP>120/80		____/____	Pulse: ____
Maximum _____ (if applicable)	Blood ____	Repeat if Differ by >5 mm Hg		____/____	Pulse: ____
BF if >Max _____	Sp. Gr. ____	Physical Exam Required Per Protocol Sheet:			
Distant Vision		<input type="checkbox"/> As Needed: Perform specific body system exam(s) if there is a positive hx within the last year, <u>and</u> a nexus between the problem and job duties. List the name of the body system in the space below, and fully describe all pertinent negative and any positive findings.			
Titmus: <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts		<input type="checkbox"/> Complete: Do all of the components listed below. Additional "PRN" components are required per CPG if there is a positive hx within the last year. When there is a positive hx, pertinent negatives and any positives must be fully described in the space below.			
Right 20/____	Corr to 20/____	Complete Exam		WNL	
Left 20/____	Corr to 20/____	Eyes: Pupils, EOM, lens, retina			
OU 20/____	Corr to 20/____	ENT: Nodes, Thyroid, +PRN			
BL/EDTRS Chart: (If applicable)		Cardiac: Auscultate; describe murmurs			
Right 20/____	Corr to 20/____	Lungs: Auscultate; do chest expansion if restriction on spirogram			
Left 20/____	Corr to 20/____	Abdomen: liver, spleen, umbilical hernia; check for aortic aneurysm if ≥50 y.o.			
OU 20/____	Corr to 20/____	Vascular: Carotids, venous insufficiency, √ leg edema if 2+ protein			
Near Vision		Hernias: male inguinal			
OU Best: Titmus #__ or 20/____		Neuro: DTR's + PRN			
If # 4 or 20/50,		Skin: note CA, bruising, folliculi barbae if respirator			
Do Card: J- ____		Back: H/T walk, ROM, active SLR + PRN			
Peripheral Vision RH ____		Knees: Duck walk +PRN			
LH ____		Shoulder: ROM +PRN			
Color Vision		Neck: PRN			
Titmus Signal Lights ____/16		Wrist: PRN			
Audio ____ All Levels <30dB		Misc. Ortho: PRN			
____ Abnormal: MD ear exam		Contractor Name and Location:			
		Skin: note CA, bruising, folliculi barbae if respirator			
		Back: H/T walk, ROM, active SLR + PRN			
		Knees: Duck walk +PRN			
		Shoulder: ROM +PRN			
		Neck: PRN			
		Wrist: PRN			
		Misc. Ortho: PRN			
Physician's Signature		Physician's Printed Name			