

# SAFETY PRE-PLACEMENT MEDICAL EXAMINATION DATA

County of Los Angeles - Occupational Health Programs

Chief Administrative Office

Name (Last, First MI)		SSN/Employee Number	Sex	Age	Exam Date
Job Title		Item Number	Department Name		
<b>Body Composition</b>	<b>Dip Stick UA</b>	<b>Blood Pressure</b>			
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 _____	Bilirubin ____	<b>Safety Physical Exam:</b> Do all of the components listed below. Additional "PRN" components are required per CPG if there is a positive hx within the 5 years. When there is a positive hx, pertinent negatives and any positives must be fully described in the space below.			
<b>Distant Vision</b>		<b>Complete Exam</b>	<b>WNL</b>		
Titmus: <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts		<b>Eyes:</b> Pupils, EOM, lens, retina			
Right 20/____	Corr to 20/____	<b>ENT:</b> Nodes, Thyroid, +PRN			
Left 20/____	Corr to 20/____	<b>Cardiac:</b> Auscultate; describe murmurs			
OU 20/____	Corr to 20/____	<b>Lungs:</b> Auscultate; do chest expansion if restriction on spirogram			
BL/EDTRS Chart: (If applicable)		<b>Abdomen:</b> liver, spleen, umbilical hernia; check for aortic aneurysm if ≥50 y.o.			
Right 20/____	Corr to 20/____	<b>Vascular:</b> Carotids, venous insufficiency, √ leg edema if 2+ protein			
Left 20/____	Corr to 20/____	<b>Hernias:</b> male inguinal			
OU 20/____	Corr to 20/____	<b>Neuro:</b> DTR's + PRN			
<b>Near Vision</b>		<b>Skin:</b> note CA, bruising, gang/racist tattoos, folliculi barbae			
OU Best: Titmus #__ or 20/____		<b>Back:</b> H/T walk, ROM, active SLR + PRN			
If # 4 or 20/50,		<b>Knees:</b> Duck walk +PRN			
Do Card: J- ____		<b>Shoulder:</b> ROM +PRN			
<b>Audio</b> ____ All Levels <30dB		<b>Neck:</b> PRN			
____ Abnormal: MD ear exam		<b>Wrist:</b> PRN			
<b>EKG</b> ____ Normal		<b>Ankle:</b> PRN			
____ Insignificant Findings					
____ Needs Cardiologist Reading					
<b>Spiro</b> ____ Normal					
____ Abnormal					
Contractor Name and Location:					
Physician's Signature		Physician's Printed Name			