**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 |
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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

**County of Los Angeles**
**Occupational Health Programs**

# MEDICAL EXAMINER'S NOTE (continuation page)

| Date | Subjective / Objective / Assessment / Plan |
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