FITNESS-FOR-LIFE

Name: _____ DOB:_____ Item#_____

Ages <25, 26-29, 31-34, 36-39 41,43, 45, 47,or 49

Last 4 SSN: _____ Dept: ☐Fire ☐P&R

Date: _____ Contractor: _____

(Age two months from today)

Charge To: ☐ County ☐ Local 1014 Insurance

PHYSICAL FITNESS ASSESSMENT

Comments: If employee requests

☐ *DMV, HAZMAT, or SCUBA*: Have employee sign bottom box of Consent for Physical Fitness Testing, Auditing & Record Release. Then download the Protocol Sheet from the "Periodic & Mobile Examinations" webpage. Do not use the Protocol Sheet from the "Wellness Service Grouping" webpage, as these are intended to be supplemental to a full FFL medical.

☐ *Optional Blood Testing*: Use Protocol Sheet for Optional Blood Panel Testing on "Wellness Service Grouping" webpage.

CONSENT:

_____ Top box of the Consent for Physical Fitness Testing, Auditing & Record Release must be signed before exam is begun.

BODY COMPOSITION A07

_____ Height/Weight/Waist (Use Body Fat Worksheet)

_____ Body fat (Use Body Fat Worksheet)

STRENGTH & FLEXIBILITY PACKAGE A84

_____ Jamar (Use Strength and Flexibility Worksheet)

_____ Push-ups (Use Strength and Flexibility Worksheet)

_____ Curl-ups and/or Plank (Use Strength and Flexibility Worksheet)

_____ Sit and Reach (Use Strength and Flexibility Worksheet)

_____ Physical Fitness counseling: Complete and dispense CV Fitness Worksheet

_____ Completion of FFL Medical Exam Compliance Form

AEROBIC FITNESS (Gerkin protocol preferably)

_____ Treadmill testing without leads unless A94

► +Cardiac Sx with exercise

If so, then _____ CST A09

Record Handling: Send OHP only protocol sheet(s), consent form (s), and any "Out of Birthday Window" Work Order unless a DMV, HAZMAT, or SCUBA is done. If so, send everything including all of the above tests and optional blood results.

Revised 3/23/16