PRE-PLACEMENT PROTOCOL SHEET

Name: _____

SSN:_____DOB:_____ Date: _____

Contractor:_____

ITEM NUMBER: 0201

CLASS TITLE: Fire Fighter Specialist

COMMENTS: Do not send +CST's to Harbor Cardiology.

PACKAGE: SAFETY (record results on Safety Pre-Placement Exam Data form) S

_____ Height/Weight (see Standards)
_____ Dipstick urinalysis for glucose, bilirubin, protein, and blood
_____ Drug test (County 8-drug panel) after completion of Drug Test Notification Form
_____ Blood pressure, pulse rate
_____ Far acuity: Uncorrected OD, OS, OU (Titmus)- do monocular testing first
►If either eye >20/30, repeat uncorrected with ETDRS chart
►If either eye >20/30 by chart, repeat chart with correction
_____ Near vision: Best OU (Titmus): ►if target #4 (20/50) or worse, see below
_____ EKG
_____ Spirometry
_____ Audiometry: ► If any threshold >25 dB (except 6 or 8 kHz), do manual repeat
_____ Review of Safety Pre-Placement Questionnaire: If hx of refractive surgery, take supplemental hx.
_____ Physical Exam: Safety

REQUIRED TESTING:

_____ HRR color plate test (County version) – If any errors, see Reflexive Testing A61
_____ Blood chemistry panel A03
_____ Review of Supplemental Respirator Questionnaire A57

REFLEXIVE TESTING:

Clinical Findings:		**Testing Required**:	
Dipstick (+) for bilirubin	►	_____ Blood Chemistry Panel _____ CBC with differential	A03 A04
Dipstick (+) for blood/protein unless menstruating	►	_____ Urinalysis, Complete	A63
Dipstick (+) for glucose	►	_____ Hemoglobin A1c	A29
EKG: >1 PVC	►	_____ CST (Bruce)*	A09
EKG: short PR interval (<120 ms)	►	_____ CST (Bruce)*	A09
Hand deformity or weakness	►	_____ Jamar X 3, each hand	A34
HRR color plate error(s)	►	_____ POST Color Naming Test	A21
Obstructive pattern with FEV1/FVC < LLN and FEV1 <100% predicted with no use of Albuterol today	► ►	_____ Treadmill Run (no leads)* _____ If Albuterol use in last 2 years, draw serum level just before run	A94 A01
Restrictive pattern with FVC < LLN and chest wall expansion >1.5"	►	_____ Chest x-ray, PA _____ Treadmill Run (no leads)*	A11 A94
Tachycardia, sinus on ECG & physical exam	►	_____ TSH _____ CBC with differential	A62 A04
Vision/near: target #4 (20/50) or worse	►	_____ Retest with near point card	A69
Wt > Max (see Body Composition Standards)	►	_____ Body Fat [if over 22% M or 33% F, dispense Body Fat Letter]	A06

(**Continued on next page)**

Age ≥ 40 male and either hypertensive, on Rx for BP, or current smoker	►	_____ CST (Bruce Protocol)	A09
Age ≥ 50	►	_____ CST (Bruce Protocol)	A09
Alcohol Abuse, DUI, hangovers, eye-openers, or binge drinking (≥6 drinks) within the last 2 years;	►	_____HDL _____CBC	A27 A04
Asthma, and no use of Rx in last 2 years	►	_____ ECT *	A24
Diabetes	►	_____ CST (Bruce Protocol) _____ Hemoglobin A1c	A09 A29
TB, Hx of positive skin test	►	_____Chest X-ray, PA	A11
Thyroid, Rx or disease in the last 2 years	►	_____TSH	A62

*If both CST and ECT are indicated	►	_____ CST/ECT	A17

Internal Medicine Concerns: **Testing Required:**

Orthopedic Concerns: **Testing Required:**

Cervical spine surgery	►	_____Cervical spine x-ray, 4 view (lateral flexion, lateral extension, bilateral obliques)	A10
Cruciate tear regardless of surgical status	►	_____Knee x-ray, 2 view (standing AP/lateral)	A35
Hip pain in last 2 years, or surgery at any time		_____Hip x-ray, 1 view (AP)	A85
Lumbar surgery	►	_____Lumbar x-ray, 3 view (standing lateral, standing bilateral obliques)	A98
Knee surgery or arthroscopy	►	_____Knee x-ray, 2 view (standing AP/lateral)	A35
Patella subluxation/dislocation past 4 yrs	►	_____Knee x-ray, 2 view (40 deg Sunrise/lateral)	A35
Patellar-femoral syndrome in past 4 yrs	►	_____Knee x-ray, 2 view (40 deg Sunrise/lateral)	A35
Scoliosis	►	_____Spine x-ray, 2 view (standing thoracic AP/ standing lumbar AP)	A55
Spondylolisthesis	►	_____Lumbar x-ray, 2 view (standing AP/standing lateral)	A37

NOTE: Standing views must be done without shoes

Medication Concerns: **Testing Required:**

Carisoprodol (Soma), use in last 6 months, but denies use in last month	►	_____ Carisoprodol (urine)	A92
Cyclobenzaprine (Flexeril), use in last 6 months, but denies use in last month	►	_____ Cyclobenzaprine (urine)	A93
Hydrocodone (Vicodin) use in last 6 months, but denies use in last month	►	_____ Hydrocodone (urine)	A87
Oxycodone (Percocet) use in last 6 months, but denies use in last month	►	_____ Oxycodone (urine)	A89
Tramadol (Ultram) use in last 6 months, but denies use in last month	►	_____ Tramadol (urine)	A90