

PRE-PLACEMENT PROTOCOL SHEET

Name: _____

SSN: _____ DOB: _____ Date: _____

Contractor: _____

ITEM NUMBER: 0328

CLASS TITLE: Forestry Assistant

COMMENTS: Performs nursery or field reforestation work such as seed collecting, plant propagation, and field planting. Plants, and transplants shrubs and trees. Applies pesticides and other chemicals for vegetation management. Gives talks to community groups regarding forestry activities and conducts field demonstrations and guided tours. Assists in fire prevention and control work. Needs Commercial License-- Do not issue DMV Form MCSA-5875/5876 to applicant (send originals to OHP). Applicants exceeding Body Composition Standards must be given Body Fat Letter. [Note to OHP MD: no job basis for class spec requirement for uncorrected vision and color beyond DMV.]

PACKAGE: GENERAL (record results on General Pre-Placement Exam Data form)

G

- _____ Height/Weight
- _____ Dipstick urinalysis for glucose, protein, and blood
- _____ Blood pressure, pulse rate, rhythm
- _____ Far acuity: Corrected OU, OS, OD (Titmus)
- _____ Near vision: Corrected OU (Titmus)
- _____ Audiometry: Administered by CAOHC certified staff
- _____ Review of General Pre-Placement Questionnaire

PACKAGE: DMV (record results on General Pre-Placement Exam Data and DMV forms)

AD

- _____ Specific Gravity
- _____ Peripheral Vision
- _____ Distance acuity: Uncorrected OU, OS, OD (Titmus)
- _____ Color vision with Titmus signal light slide
- _____ Physical Exam: Complete (if overweight, might need neck circumference - see below)
- _____ Review and completion of DMV Form MCSA-5875/5876 (do not issue to applicant)

REQUIRED ADDITIONAL TESTING:

- _____ Drug test (County 8-drug panel) after completion of Drug Test Notification Form A65
- _____ EKG A23

REFLEXIVE TESTING:

Clinical Findings:

Testing Required:

Dipstick (+) for blood unless menses	▶ _____ Urinalysis, Complete	A63
Dipstick (+) for glucose	▶ _____ Hemoglobin A1c	A29
Dipstick (+) for protein	▶ _____ Urinalysis, Complete	A63
Hand deformity or weakness	▶ _____ Jamar X 3, each hand	A34
Vision, near < target #5 OU	▶ _____ Vision retest with near point card	A69
Vision/Far, corrected >20/40 OU, or >20/40 either eye	▶ _____ ETDRS wall chart	A68
Wheezing on exam	▶ _____ Spirometry	A56
Wt > Max (see <u>Body Composition Stds</u>)	▶ _____ Body Fat by Durnin caliper method	A06

(see second page)

Internal Medicine Concerns:**Testing Required:**

Alcohol Abuse, DUI, wet reckless, hangovers, eye-openers, or binge drinking (≥6 drinks) within the last 2 years	▶	_____ Blood Chemistry Panel	A03
	▶	_____ CBC with differential	A04
	▶	_____ HDL	A27
Diabetes	▶	_____ Hemoglobin A1c	A29
Diabetes, corrected far acuity OU >20/40 on ETDRS chart	▶	_____ Glucose, serum	A25
Thyroid, Rx or disease in last 2 years	▶	_____ TSH	A62

Orthopedic Concerns:**Testing Required:**

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:**

Amitriptyline (Elavil, Endep, Vanatrip) use in last 6 months, but denies use in last month	▶	_____ Amitriptyline (urine)	A74
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
Methadone use in last 6 months, but denies use in last month	▶	_____ Methadone (urine)	A99
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