

PRE-PLACEMENT PROTOCOL SHEET

Name: _____

SSN: _____ DOB: _____ Date: _____

Contractor: _____

ITEM NUMBER: 5133, 5134, 5135

CLASS TITLE: Registered Nurse I, II, III

COMMENTS: Provides nursing care and administers prescribed treatments in a healthcare facility. Not much lifting expected. No driving.

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
- _____ Distance acuity: Corrected OU, OS, OD (Titmus)
- _____ Near vision: Corrected OU (Titmus)
- _____ Audiometry: Administered by CAOHC certified staff
- _____ Review of General Pre-Placement Questionnaire

REQUIRED ADDITIONAL TESTING:

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

REFLEXIVE TESTING:

As Needed Physical Examination: Perform a specific body system exam, if there is a current (i.e. within the last 12 months) history of a problem, and a nexus between the problem, job demands, and the goals of the pre-placement evaluation (see CPG).

Describe Problem:

Exam Indicated (check if performed):

| | | | |
|--|---------|----------------------|-----|
| | ▶ _____ | Physical exam of the | A44 |
| | ▶ _____ | Physical exam of the | A45 |
| | ▶ _____ | Physical exam of the | A46 |
| | ▶ _____ | Physical exam of the | A47 |
| | ▶ _____ | Physical exam of the | A48 |

Clinical Findings:

Testing Required:

| | | | |
|--------------------------------------|---------|------------------------------------|-----|
| Dilute drug screen | ▶ _____ | Retest Bottle A at Detection Limit | A97 |
| Dipstick (+) for blood unless menses | ▶ _____ | Urinalysis, Complete | A63 |
| Dipstick (+) for glucose | ▶ _____ | Hemoglobin A1c | A29 |
| Dipstick (+) for protein | ▶ _____ | Urinalysis, Complete | A63 |
| Near vision < target #5 OU | ▶ _____ | Vision retest with near point card | A69 |