

PRE-PLACEMENT PROTOCOL SHEET

Name: _____

SSN: _____ DOB: _____ Date: _____

Contractor: _____

ITEM NUMBER: 5327, 5328

CLASS TITLE: Clinic Nurse I, II

COMMENTS: Occasional lifting >25 pounds. 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