

# PRE-PLACEMENT PROTOCOL SHEET

Name: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor: \_\_\_\_\_

**ITEM NUMBER:** 5595

**CLASS TITLE:** Orthopedic Technician

**COMMENTS:** Work with casts, splints, prosthetic devices. Occasional lifting > 25 lbs. 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 9-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 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:**

Dipstick (+) for blood unless menses	▶	_____ Urinalysis, Complete	A63
Dipstick (+) for protein	▶	_____ Urinalysis, Complete	A63
Near vision < target #5 OU	▶	_____ Vision retest with near point card	A69

(See Next Page)

**Medication Concerns:****Testing Required:**

Carisoprodol (Soma), use in last 6 months, but denies use in last month	▶	_____ Carisoprodol (urine)	A92
Hydrocodone (Vicodin) use in last 6 months, but denies use in last month	▶	_____ Hydrocodone (urine)	A87
Cyclobenzaprine (Flexeril), use in last 6 months, but denies use in last month	▶	_____ Cyclobenzaprine (urine)	A93
Oxycodone (Percocet) use in last 6 months, but denies use in last month	▶	_____ Oxycodone (urine)	A89
Propoxyphene (Darvocet) use in last 6 months, but denies use in last month	▶	_____ Propoxyphene (urine)	A88
Tramadol (Ultram) use in last 6 months, but denies use in last month		_____ Tramadol (urine)	A90