

PRE-PLACEMENT PROTOCOL SHEET

Name: _____

SSN: _____ DOB: _____ Date: _____

Contractor: _____

ITEM NUMBER: 6063

CLASS TITLE: Transportation Truck Helper

COMMENTS: May involve frequent heavy lifting over 25 pounds, combined with bending, and twisting. Do not issue DMV Form MCSA-5875/5876 to applicant (send originals to OHP).

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

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

- _____ 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)
- _____ Review and completion of DMV Form MCSA-5875/5876 (do not issue to applicant)

REQUIRED ADDITIONAL TESTING:

- _____ 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 either eye >20/40	▶ _____	ETDRS wall chart	A68
Wheezing on exam	▶ _____	Spirometry	A56

(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 >20/40 OU on chart test	▶	_____ Glucose, serum (send to lab)	A25
Illegal Drug Use, within last 2 years	▶	_____ Drug test after completion of <u>Drug Test Notification Form</u>	A65
Thyroid, Rx or disease in the last 2 yrs	▶	_____ 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:**

Butalbital (Fioricet) use in last 6 months, but denies use in last month	▶	_____ Butalbital (urine)	A91
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
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