

# EMPLOYEE MEDICAL EXAMINATION RESULTS

## OCCUPATIONAL HEALTH PROGRAMS CHIEF EXECUTIVE OFFICE COUNTY OF LOS ANGELES

Name: _____ Employee #: _____ Date of Birth: _____ Dept: _____ Clinic Name: _____ Clinic Location: _____ Date of Exam: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">Circle All Exams Performed:</th> </tr> <tr> <td style="padding: 2px;">Asbestos (E09)</td> <td style="padding: 2px;">Lead (E11)</td> </tr> <tr> <td style="padding: 2px;">Clan Lab (E24)</td> <td style="padding: 2px;">Respirator (E05)</td> </tr> <tr> <td style="padding: 2px;">Comm Driver ( D )</td> <td style="padding: 2px;">Return-To-Work ( W )</td> </tr> <tr> <td style="padding: 2px;">Confined Space (E02)</td> <td style="padding: 2px;">SCUBA (E12)</td> </tr> <tr> <td style="padding: 2px;">Crane operator (E20)</td> <td style="padding: 2px;">Fitness-for-Life (W01)</td> </tr> <tr> <td style="padding: 2px;">Executive (W02)</td> <td style="padding: 2px;">+ HAZMAT (W06)</td> </tr> <tr> <td style="padding: 2px;">FBI Bomb (E22)</td> <td style="padding: 2px;">+ Comm Driver (WD)</td> </tr> <tr> <td style="padding: 2px;">Hearing (E18)</td> <td style="padding: 2px;">+ SCUBA (W12)</td> </tr> <tr> <td style="padding: 2px;">HAZMAT (E06)</td> <td style="padding: 2px;">Age 60 (E26)</td> </tr> <tr> <td style="padding: 2px;">TB Screening (I01)</td> <td style="padding: 2px;">ILL-at-Work (E30)</td> </tr> <tr> <td style="padding: 2px;">Armed Reserve (E27)</td> <td></td> </tr> </table>	Circle All Exams Performed:		Asbestos (E09)	Lead (E11)	Clan Lab (E24)	Respirator (E05)	Comm Driver ( D )	Return-To-Work ( W )	Confined Space (E02)	SCUBA (E12)	Crane operator (E20)	Fitness-for-Life (W01)	Executive (W02)	+ HAZMAT (W06)	FBI Bomb (E22)	+ Comm Driver (WD)	Hearing (E18)	+ SCUBA (W12)	HAZMAT (E06)	Age 60 (E26)	TB Screening (I01)	ILL-at-Work (E30)	Armed Reserve (E27)	
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\_\_\_\_\_ The employee may continue working without new restrictions. Any previously assigned restrictions are still in force.

\_\_\_\_\_ Further consideration by the County of Los Angeles Occupational Health Programs (OHP) is needed before a final work fitness determination can be made. The employee may continue working in their current duty status at the present time. A final determination from OHP will be forthcoming.

\_\_\_\_\_ The employee is assigned the following new restrictions:

\_\_\_\_\_

\_\_\_\_\_ Any questions regarding these restrictions should be referred to the C.E.O. Occupational Health Programs at (213) 738-2186.

Signature of Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Examiner: \_\_\_\_\_  
(Print)

Disposition: Send/fax/e-mail copy to departmental contact ASAP  
Original to OHP with medical record  
Copy to Employee if restricted

Revised 9/29/14