

CLANDESTINE LAB

Name: _____

Employee #: _____ DOB: _____ Date: _____

Contractor: _____

COMMENTS:

This program is recommended by the State Bureau of Narcotics Enforcement for Deputy Sheriffs and Crime Lab employees who do drug lab busts. The objectives are to “identify illnesses that may be aggravated by exposure to hazardous substances, physical agents, or other job-related factors.”

Triage after blood tests are received (Do not dispense Employee Medical Results form on day of exam).

PACKAGE: CLAN LAB MEDICAL

E24

_____ Height/Weight

_____ Blood pressure, pulse, rhythm

_____ Spirometry

_____ Blood Chemistry Panel

_____ History: Review of a OHP Clan Lab Questionnaire with employee

_____ Physical: Must include ENT, pulmonary, cardiac, and abdominal examination
▶ If FVC < LLN, measure chest expansion on maximum inhalation
