

WELLNESS EXAM DATA FORM

Occupational Health Programs
 Chief Executive Office
 County of Los Angeles

Name (Last, First, MI)			
Last 4 SSN	Sex	Age	Exam Date
Job Title			Item Number

Body Comp Height _____ (no shoes) Weight _____ (no shoes) BF % _____ BMI _____	Waist (cm) 1 st Read _____ 2 nd Read _____ 3 rd Read _____ Avg of closest two reads: _____	Blood Pressure BP After 3-5 Minutes in Chair _____/____ Pulse: _____ Repeat Testing If: BP>120/80 _____/____ Pulse: _____ Third Test if 1st & 2nd read differ _____/____ Pulse: _____ by >5 mm Hg	Urinalysis Glucose _____ Protein _____ Blood _____																														
Distant Vision <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts Titmus: Right 20/____ Corr to 20/____ Left 20/____ Corr to 20/____ OU 20/____ Corr to 20/____ ETDRS Chart (if needed): Right 20/____ Corr to 20/____ Left 20/____ Corr to 20/____ OU 20/____ Corr to 20/____		Physical Evaluation: All positive findings and pertinent negatives must be fully described in the space below. Minimum required components are specified below.																															
Peripheral: RH _____ LH _____		<table border="1"> <thead> <tr> <th></th> <th>WNL</th> <th>ABN</th> </tr> </thead> <tbody> <tr> <td>Eyes:</td> <td></td> <td></td> </tr> <tr> <td>ENT: Oral Cavity Cervical Nodes Thyroid If ≥50 y.o, check for bruits</td> <td></td> <td></td> </tr> <tr> <td>Cardiac: Auscultation</td> <td></td> <td></td> </tr> <tr> <td>Lungs: If restrictive pattern on spiro, do chest expansion</td> <td></td> <td></td> </tr> <tr> <td>Abdomen: If ≥50 y.o, check for aortic aneurysm</td> <td></td> <td></td> </tr> <tr> <td>GU (Male): If ≥50 y.o., offer rectal with guaiaac</td> <td></td> <td></td> </tr> <tr> <td>SKIN: Inspect for skin cancer</td> <td></td> <td></td> </tr> <tr> <td>Neuro:</td> <td></td> <td></td> </tr> <tr> <td>Other:</td> <td></td> <td></td> </tr> </tbody> </table>			WNL	ABN	Eyes:			ENT: Oral Cavity Cervical Nodes Thyroid If ≥50 y.o, check for bruits			Cardiac: Auscultation			Lungs: If restrictive pattern on spiro, do chest expansion			Abdomen: If ≥50 y.o, check for aortic aneurysm			GU (Male): If ≥50 y.o., offer rectal with guaiaac			SKIN: Inspect for skin cancer			Neuro:			Other:		
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Fitness Level VO2Max = _____ ml/kg/min. Age Percentile _____ FF Category _____																																	
Contractor Name and Location:		Physician's Printed Name Physician's Signature																															