SCUBA MEDICAL

(DONE ON DAY OF FULL MED EXAM*)

Name: _____

Last 4 SSN #:_____DOB:_____Date:_____

Contractor:_____

COMMENTS:. To determine ability to "clear ears," observe movement of the TM while employee does Valsalva with nostrils held shut (auto-inflation). Bottom box of Consent for FFL, Auditing, & Record Release must be signed before exam is begun. If this is the employee's first County SCUBA exam, get chest x-ray.

Is employee a current or prospective private patient of yours?

□ No □ Yes ►Triage to OHP Review

PACKAGE: SCUBA MEDICAL ON DAY OF WELLNESS W12

_____ Get signature in bottom box of Consent for FFL, Auditing, & Record Release

_____ Complete urinalysis (send to lab)

_____ History: Review of the SCUBA Questionnaire

_____ Physical: Must include ENT, pulmonary, cardiac, neuro, GU, and abdominal components of a "Complete" exam (See Periodic CPG). Additionally, observe TM movement during Valsalva ("auto-inflation")

REQUIRED TESTING:

_____ ECG (unless already done today) A23

REFLEXIVE TESTING:

Albuterol use in last 2 years	►	_____ Exercise Challenge Test	A24
Asthma, if use of Rx in last 2 years	►	OR (if CST indicated)	
Obstruction with FEV1/FVC < LLN, & FEV1 %PRED <100%	►	_____ Combined CST/ECT	A17
Carbamazepine, current use for seizures	►	_____ Carbamazepine (serum)	A08
Diabetes	►	_____ Hemoglobin A1c	A29
ECG: >1 PVC or LVH	►	_____ Cardiac Stress Test	A09
First County SCUBA exam	►	_____ Chest x-ray, 2 view (PA/lateral)	A73
Levetiracetam (Keppra) current use for seizures	►	_____ Levetiracetam (serum)	A188
Phenytoin, current use for seizures	►	_____ Phenytoin, serum level	A42
Valproic Acid, current use for seizures	►	_____ Valproic Acid, serum level	A66

*If only a Physical Fitness Assessment is scheduled today, then do not use this protocol sheet. Instead, download the SCUBA Protocol Sheet from Periodic & Mobile Examinations webpage.

Record Handling: Send entire FFL chart to OHP except for Family Med History Questionnaire.