County of Los Angeles
Occupational Health Programs

MEDICAL EXAMINER'S NOTE

Name: _____

Last 4 SSN: _____ Date of Birth: _____

Clinic Name: _____

Circle All Exams Performed:

Asbestos	(E09)	Lead	(E11)
Clan Lab	(E24)	Respirator	(E05)
Comm Driver	(D)	Respirator Fit Testing	(A102)
Confined Space	(E02)	SCUBA	(E12)
Crane operator	(E20)	Fitness-for-Life	(W01)
Crystalline Silica	(E31)	+ HAZMAT	(W06)
FBI Bomb	(E22)	+ Comm Driver	(WD)
Hearing	(E18)	+ SCUBA	(W12)
HAZMAT	(E06)	Age 60	(E26)
TB Screening (Skin)	(I11)	Armed Reserve	(E27)
TB Screening (Blood)	(I02)	Inorganic Arsenic	(E32)

Date	Subjective / Objective / Assessment / Plan

Triage: ☐ No New Restrictions ☐ Restricted
☐ Not Applicable [FFL only] ☐ Indeterminate

List Restriction(s) or Indeterminate Reason:

Examiner's Signature	Examiner's Printed Name	Date

Revised 10-08-2025

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MEDICAL EXAMINER'S NOTE (continuation page)

Date	Subjective / Objective / Assessment / Plan