GENERAL PRE-PLACEMENT MEDICAL EXAMINATION DATA

County of Los Angeles - Occupational Health Programs
Department of Human Resources

Name (Last, First MI)	SSN/Employee Number	Sex	Age	Exam Date

Job Title	Item Number	Department Name

Body Composition

Height _____ (no shoes)

Weight _____ (no shoes/coat)

Maximum _____ (if applicable)

BF if >Max _____

Dip Stick UA

Glucose ___

Protein ___

Blood ___

Sp. Gr. ___

Blood Pressure

BP After 3-5 Minutes in Chair ____/____ Pulse: _____

Repeat if BP>120/80 ____/____ Pulse: _____

Repeat if Differ by >5 mm Hg ____/____ Pulse: _____

Distant Vision

Titmus: ☐ Glasses ☐ Contacts

Right 20/____ Corr to 20/____
Left 20/____ Corr to 20/____
OU 20/____ Corr to 20/____

BL/EDTRS Chart: (If applicable)

Right 20/____ Corr to 20/____
Left 20/____ Corr to 20/____
OU 20/____ Corr to 20/____

Near Vision

OU Best: Titmus #__ or 20/__
If # 4 or 20/50, Do Card: J- __

Peripheral Vision RH ____ LH ____

Color Vision

Titmus Signal Lights ___/16

Audio ____ All Levels <30dB
____ Abnormal: MD ear exam

Contractor Name and Location:

Physical Exam Required Per Protocol Sheet:

☐**As Needed**: Perform specific body system exam(s) if there is a positive hx within the last year, and a nexus between the problem and job duties. List the name of the body system in the space below, and fully describe all pertinent negative and any positive findings.

☐**Complete:** Do all of the components listed below. Additional "PRN" components are required per CPG if there is a positive hx within the last year. When there is a positive hx, pertinent negatives and any positives must be fully described in the space below.

Complete Exam	WNL
Eyes: Pupils, EOM, lens, retina	
ENT: Nodes, Thyroid, +PRN	
Cardiac: Auscultate; describe murmurs	
Lungs: Auscultate; do chest expansion if restriction on spirogram	
Abdomen: liver, spleen, umbilical hernia; check for aortic aneurysm if ≥50 y.o.	
Vascular: Carotids, venous insufficiency, √ leg edema if 2+ protein	
Hernias: male inguinal	
Neuro: DTR's + PRN	
Skin: note CA, bruising, folliculi barbae if respirator	
Back: H/T walk, ROM, active SLR + PRN	
Knees: Duck walk +PRN	
Shoulder: ROM +PRN	
Neck: PRN	
Wrist: PRN	
Misc. Ortho: PRN	

Physician's Signature	Physician's Printed Name	