

FITNESS-FOR-LIFE

Name: _____

Last 4 SSN: _____ DOB: _____

Date: _____ Contractor: _____

Charge To: ☐ County ☐ Local 1014 Insurance

OPTIONAL BLOOD PANEL TESTING

CONSENT: If employee requests blood testing, phlebotomy and the tests below may be performed after the employee reads and signs the Consent for Optional Blood Testing. Only perform the blood tests that the employee still desires after reading Consent.

☐ Consent signed

_____ Lipid Panel	A14
_____ A1c	A29
_____ Chem Panel	A03
_____ CBC	A04

Record Handling: Send only protocol sheet and the consent form to OHP unless a DMV, HAZMAT, or SCUBA is done. If so, send everything to OHP including results of above tests.