

HAZMAT MEDICAL

**(DONE ON DAY OF
FULL MED EXAM*)**

Name: _____

Last 4 SSN #: _____ DOB: _____ Date: _____

Contractor: _____

Comments: Do only if requested by Fire Dept, Firefighter is from Station #43, 76, 105, or 130, or employee is a Health HAZMAT inspector. Bottom box of Consent for FFL, Auditing, & Record Release must be signed before exam is begun.

Is employee a current or prospective private patient of yours?

☐ No ☐ Yes ► Triage to OHP Review

PACKAGE: HAZMAT MEDICAL

W06

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

_____ History: Review of HAZMAT Questionnaire with employee

REFLEXIVE TESTING:

Clinical Findings:

Testing Required:

Restrictive pattern with FVC < LLN and chest
wall expansion >1.5"

► _____ Chest x-ray, PA

A11

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

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

Revised 12/10/15