WELLNESS EXAM DATA FORM

Occupational Health Programs
Chief Executive Office
County of Los Angeles

Name (Last, First, MI)			
Last 4 SSN	Sex	Age	Exam Date
Job Title			Item Number

Body Comp

Height _____ (no shoes)

Weight _____ (no shoes)

BF % _____

BMI _____

Waist (cm)

1st Read____

2nd Read____

3rd Read ____

Avg of closest two reads: ____

Blood Pressure

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

Repeat Testing If: BP>120/80 ____/____ Pulse: _____

Third Test if 1st & 2nd read differ by >5 mm Hg ____/____ Pulse: _____

Urinalysis

Glucose ____

Protein ____

Blood ____

Distant Vision

Titmus: ☐ Glasses ☐ Contacts

Right 20/____ Corr to 20/____

Left 20/____ Corr to 20/____

OU 20/____ Corr to 20/____

ETDRS Chart (If needed):

Right 20/____ Corr to 20/____

Left 20/____ Corr to 20/____

OU 20/____ Corr to 20/____

Peripheral: RH_____ LH_____

Near Vision: OU Best _____

Audio ____ All Levels ≤25dB

____ Abnormal

Spiro ____ Normal

____ Abnormal

EKG ____ Normal

____ Insignificant Findings

____ Needs Cardiologist Read

Fitness Level

VO2Max = ____ ml/kg/min.

Age Percentile ____

FF Category ____

Contractor Name and Location:

Physical Evaluation: All positive findings and pertinent negatives must be fully described in the space below. Minimum required components are specified below.

	WNL	ABN
Eyes:		
ENT: Oral Cavity, Cervical Nodes, Thyroid, If ≥50 y.o, check for bruits		
Cardiac: Auscultation		
Lungs: If restrictive pattern on spiro, do chest expansion		
Abdomen: If ≥50 y.o, check for aortic aneurysm		
GU (Male): If ≥50 y.o,, offer rectal with guaiac		
Skin: Inspect for skin cancer		
Neuro:		
Other:		

Physician's Printed Name

Physician's Signature

Revised 12/10/15