

FITNESS-FOR-LIFE

Name: _____ DOB: _____ Item# _____

Age 50

(Age two months from today)

Last 4 SSN: _____ Dept: Fire P&R

Date: _____ Contractor: _____

Charge To: County Local 1014 Insurance

CORE WELLNESS PACKAGE: Consent for FFL, Auditing, & Record Release must be signed before exam is begun. Blood testing may be non-fasting. Participant must initial below if any test declined.

- _____ Get signature of top box of Consent for FFL, Auditing, & Record Release W01
- _____ Height/Weight/Waist
- _____ Dipstick urinalysis for glucose, protein, blood
- _____ Body fat measurement with calipers (Use Body Fat Worksheet)
- _____ Blood pressure & pulse
- _____ Distance acuity: Best OU, OS, OD (Corrected if wears correction)
- _____ Near vision: Best OU
- _____ Peripheral vision
- _____ Blood (may be non-fasting): CBC, Chemistry Panel, Total cholesterol, HDL, LDL
- _____ Spirometry
- _____ Audiometry
- _____ Physical Fitness Testing: Jamar, Push-ups, Curl-ups or Plank, Sit and Reach
(Use Strength and Flexibility Worksheet)
- _____ Physical Fitness counseling: Complete and dispense CV Fitness Worksheet
- _____ Completion of FFL Medical Exam Compliance Form
- _____ Review of FFL Questionnaire. Record note on Medical Examiner's Note
- _____ Physical Exam: Performed by Physician.

ADDITIONAL TESTING

- _____ ECG A23

AEROBIC FITNESS (Gerkin protocol preferably)

- _____ Review optional Family History Questionnaire: Do not record FHx in Med Examiner's Note
- _____ Treadmill testing without leads unless one of the following: A94
 - ▶ +Cardiac Sx with exercise
 - ▶ +ECG today for ventricular arrhythmia/heart block/LVH
 - ▶ +FH CVD in 1st degree male <55/ female <65
 - ▶ GFR<60
 - ▶ +Hx of CAD
 - ▶ CAC ≥100
 - ▶ AHA/ACC 10-Yr Risk ≥ 7.5% (Use labs from prior exam if current results unavailable)
- If so, then _____ CST A09

OPTIONAL DIABETES SCREENING (for employees without diabetes)

If Chem Panel non-fasting, Last A1c/FBS ≥ 3yrs ago, *and* BMI ≥ 25, OR
 Chem Panel non-fasting *and* Pre-diabetes on previous testing,

Then offer A1c: _____ A1c done A29

REFLEXIVE TESTING:

Clinical Findings/Med Hx Concerns:

Testing Required:

Chronic cough of lower airway origin	▶ _____ Chest x-ray, PA/lateral	A73
Dipstick (+) for glucose	▶ _____ Hemoglobin A1c	A29
Dipstick (+) for blood or protein unless menses	▶ _____ Urinalysis, Complete	A63

Record Handling: Send OHP only the protocol sheet, consent form, and any "Out of Birthday Window" Work Order unless a DMV, HAZMAT, or SCUBA is done. If so, send everything to OHP except Family Medical History Questionnaire.