

# FITNESS-FOR-LIFE

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Item# \_\_\_\_\_

## Age 60 or more

(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.