

Fitness for Life Medical Exam Completion Form

Print Name: _____ Employee #: _____ Item #: _____

Rank: _____ Date of Birth: _____ Age (as of 2 months from today): _____

To the Clinic Staff: Please complete the following four sections and give a copy to employee:

A) Medical Evaluation: If age above (circle one) 25, 30, 35, 40, 42, 44, 46, 48, or 50+ indicate whether participant completed the components listed below.

Completed	Declined	Testing Components
		Blood pressure
		Vision
		Spirometry
		Urine & Blood Testing
		Audiometry
		Medical Questionnaire
		Physical Exam

B) Physical Fitness Assessment:

Completed	Declined	Testing Components
		Height, weight, waist
		Body fat
		Grip strength
		Sit/reach flexibility

Pushups		Number completed in 1 minute (goal 24)
Curl Ups		Number complete in 1 minute (goal 35)
Plank Test		Total number of seconds held (goal 60)

C) Aerobic Testing:

Age Group	Circle One	<30	30-40	41-50	>50
VO2 Max Target		40	38	36	34

D) Additional Evaluations: Indicate which were completed.

NONE: _____ **DMV:** _____ **HAZMAT:** _____ **FEMA:** _____ **USAR:** _____ **SCUBA (Westchester only):** _____

My signature below confirms that the tests above have administered to the above named employee consistent with the County of Los Angeles protocols and that the above information is accurate.

Clinic Name or Stamp: _____ Date: _____

Clinic Staff Signature: _____ Printed Name: _____

To the Employee: Upload FFL Medical Completion Form to Target Solutions within 24 hours of your exam.

Employee Shall Maintain a Copy of This Report for Their Records