

## Fitness for Life Medical Exam Compliance Form

**Print Name:** \_\_\_\_\_

**Employee Number:** \_\_\_\_\_

My signature below confirms that I completed a wellness exam for the above name employee consistent with the Los Angeles County Wellness and Executive core wellness package as outline on the wellness protocol sheet.

|                  |  |
|------------------|--|
| <b>Completed</b> | <b>Contracted Clinic – Physical Components</b>   |
|                  | <b>Contracted Clinic – Medical Completed in compliance with guidelines. Check the box to the left and date and sign the form. Return form to the Employee.</b> |

**Clinic Stamp**

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

|                  |  |
|------------------|--|
| <b>Completed</b> | <b>Private Physician – <u>Detail Components of Medical Completed below.</u> Check the items below that were completed, date and sign the form. Return to form to the Employee.</b>   |
|                  | Review of Health History Questionnaire and addressed any concerns.   |
|                  | Recording of height/weight/waist circumference, dipstick urine, body fat measurement with calipers, blood pressure, distance and near vision, peripheral vision, labs (cbc, chemistry panel, total cholesterol, HDL, LDL), EKG with cardiologist over read if significant change). |
|                  | Spirometry: Administered by staff with NIOSH training in the last 3 years  |
|                  | Audiometry: Administered by CAOHC certified staff  |
|                  | Strength & Flexibility Testing (to include grip strength, arm and leg strength, pushups, curl ups, sit and reach)  |
|                  | Cardiac Stress Test (Gerkin Protocol)  |
|                  | Optional Testing (as listed on the wellness protocol sheet)  |

**Physician Stamp**

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Form Distribution:**

Employee keep original for own records.  
 Employee fax or mail copy to Health Programs  
 Health Programs  
 1320 N Eastern Ave, Room 271, Los Angeles, CA 90063  
 Fax: (323) 266-8774