

WELLNESS PROTOCOL SHEET

Name: _____

SSN: _____ Date: _____

Contractor: _____

- HAZMAT:** Do only if requested by Fire Dept, or Firefighter is from Station #43, 76, 105, or 130. W06
Items preceded by an asterisk (*) must be completed for clearance

CORE WELLNESS PACKAGE: Wellness Consent and Release Form must be signed before exam is begun. Check each component below if completed; Firefighter must initial if test declined. W01

- _____ *Height/Weight/Waist (Record on Wellness/Executive Data Form with other data)
- _____ *Dipstick urinalysis for glucose, ketones, bilirubin, protein, and blood
- _____ Body fat measurement with calipers (Use Body Fat Worksheet)
- _____ *Blood pressure
- _____ Distance acuity: Uncorrected and corrected OU, OS, OD
- _____ Near vision: Corrected OU
- _____ Peripheral vision
- _____ *CBC
- _____ *Chemistry Panel
- _____ Total cholesterol, HDL, LDL
- _____ EKG (send to contractor's Cardiologist unless computer read is non-significant-see CPG)
- _____ *Spirometry: Administered by staff with NIOSH training in the last 3 years
- _____ Audiometry: Administered by CAOHC certified staff
- _____ Jamar (Use Strength and Flexibility Worksheet)
- _____ Leg Strength (Use Strength and Flexibility Worksheet)
- _____ Arm Strength (Use Strength and Flexibility Worksheet)
- _____ Push-ups (Use Strength and Flexibility Worksheet)
- _____ Curl-ups (Use Strength and Flexibility Worksheet)
- _____ Sit and Reach (Use Strength and Flexibility Worksheet)
- _____ *Review of Wellness Questionnaire. Record note on Employee Med Examiner's Note
- _____ *Physical: Complete + rectal/guac. Record results on Wellness Examination Data form
- _____ Physical Fitness counseling: Complete and dispense CV Fitness Worksheet

ADDITIONAL TESTING:

- _____ Cardiac Stress Test: Gerkin protocol (Use Gerkin Protocol Worksheet) A09

REFLEXIVE TESTING:

Clinical Findings:

Testing Required:

Age ≥ 50, male	▶ _____	PSA: Calculate PSA velocity	A76
Chest x-ray, none in last 3 years	▶ _____	Chest x-ray, PA, with radiologist read	A11
Dipstick (+) for blood	▶ _____	*Urinalysis, Complete	A63
Dipstick (+) for protein	▶ _____	*Urinalysis, Complete	A63
Liver enzymes, new onset elevation	▶ _____	*Hepatitis B surface antigen	A31
Liver enzymes, new onset elevation	▶ _____	*HCV antibody by EIA	A26

OPTIONAL TESTING BY REQUEST FROM FIREFIGHTER:

_____ Commercial License Medical (add specific gravity, Titmus signal lights, Commercial Drivers DL51 form > see CPG regarding triage criteria)	WD
_____ PSA (optional for males ages 40-49): Calculate PSA velocity	A76
_____ Mammogram	A77
_____ PAP smear	A78