

CRANE OPERATOR

Name: _____

SSN: _____ DOB: _____ Date: _____

Contractor: _____

COMMENTS: Record clinical test data on Commercial Drivers (DMV form DL51). However, the physician's assessment must be recorded on a County "Pink" form rather than on page 2 of the DMV form (leave blank). No Medical Certificates are completed, and employees triaged to "OHP Review" should not be issued a "three-month temporary" clearance".

PACKAGE: CRANE OPERATOR MEDICAL EVALUATION

E20

- _____ Height/Weight
- _____ Blood pressure, pulse, & rhythm
- _____ Forced Whisper test at 5 feet in each ear
- _____ Dipstick urinalysis for glucose, protein, blood, & specific gravity
- _____ Non-DOT Substance Abuse Panel (9 substance)
- _____ Distance acuity (Titmus): Uncorrected & corrected OU, OS, OD
- _____ Color vision with Titmus signal lights slide
- _____ Horizontal field of vision (Titmus)
- _____ History: Review of Commercial Drivers (DMV form DL51) by physician.
- _____ Physical: "Complete" examination per OHP Clinical Practice Guidelines.

REFLEXIVE TESTING:

Clinical Findings:

Testing Required (check if performed):

Dipstick (+) for glucose	▶ _____ Hemoglobin A1c by desktop meter OR (if no meter) _____ Hemoglobin A1c (send to lab)	A74 or A29
Dipstick (+) for protein	▶ _____ Urinalysis, Complete _____ Blood Chemistry Panel	A63 A03
Dipstick (+) for blood	▶ _____ Urinalysis, Complete	A63
Cardiac arrhythmia on exam	▶ _____ EKG	A23
Whisper distance <5 ft in better ear	▶ _____ Audiometry	A02

Internal Medicine Concerns:

Testing Required:

Alcohol Abuse, within the last 2 years	▶ _____ Blood Chemistry Panel	A03
	▶ _____ CBC with differential	A04
	▶ _____ HDL	A27
Diabetes, on two oral medications	▶ _____ Hemoglobin A1c	A29
Diabetes, corrected far acuity >20/40 OU on chart test	▶ _____ Glucose, serum (send to lab)	A25
Thyroid, Rx or disease in the last 2 years	▶ _____ TSH	A62

(see second page)

Medication Concerns:**Testing Required:**

Butalbital (Fioricet) use in last 6 months, but denies use in last month	▶	_____ Butalbital (urine)	A91
Carisoprodol (Soma), use in last 6 months, but denies use in last month	▶	_____ Carisoprodol (urine)	A92
Hydrocodone (Vicodin) use in last 6 months, but denies use in last month	▶	_____ Hydrocodone (urine)	A87
Cyclobenzaprine (Flexeril), use in last 6 months, but denies use in last month	▶	_____ Cyclobenzaprine (urine)	A93
Lithium, current use	▶	_____ Lithium (serum)	A36
Oxycodone (Percocet) use in last 6 months, but denies use in last month	▶	_____ Oxycodone (urine)	A89
Propoxyphene (Darvocet) use in last 6 months, but denies use in last month	▶	_____ Propoxyphene (urine)	A88
Tramadol (Ultram) use in last 6 months, but denies use in last month		_____ Tramadol (urine)	A90