INSTRUCTIONS FOR CDF MEDICAL EXAMINATION AND INSTRUCTIONS TO PROVIDERS AND EXAMINATION PROTOCOLS (1700)

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STATE OF CALIFORNIA – THE RESOURCES AGENCY

PETE WILSON, *Governor*

DEPARTMENT OF FORESTRY AND FIRE PROTECTION
(Address)

(Date)

INSTRUCTIONS FOR CDF MEDICAL EXAMINATION

EMPLOYEE NAME: _____

RANGER UNIT: _____

JOB CLASSIFICATION: _____

TYPE OF EXAMINATION REQUESTED: _____

EXAMINATION REQUIREMENTS

NOTICE: Photo identification of the candidate or employee must be obtained before conducting the physical examination.

_____ Health Questionnaire and Medical Examination Report

_____ Spirometry with Tracing and Calculations

_____ Audiogram with Documentation for 500 - 8000 Hz

_____ Treadmill Tracing with Interpretation

_____ _____

_____ _____

_____ _____

_____ _____

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THE CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION

INSTRUCTIONS TO PROVIDERS AND EXAMINATION PROTOCOL

HEALTH QUESTIONNAIRE AND MEDICAL EXAMINATION REPORT

QUESTIONNAIRE

Health questionnaires will be completed prior to the medical examination and submitted to the examining physician at the time of the examination. **Physicians should validate the identity of the CDF employee and review the examinee's questionnaire and elaborate on any positive** answers**.** Similarly, if there is an indication of a problem please provide an adequate description of the relevant physical findings, e.g., if there has been knee surgery, comment on heat, swelling, deformity, range of motion, laxity, etc.

- A copy of the CDF Environmental/Physical/ Psychological Job Demand Statement for the employee will be attached to the instruction letter. This form should be reviewed before the employee is examined. It the employee presenting to you with a history of illness, chronic condition, surgeries, or injuries, please list any functional limitations in the space provided on the STD-610 Medical Examination Report.

PHYSICAL EXAMINATION

1. The examining health care provider should confirm apparent abnormalities such as an elevated blood pressure. A brief objective assessment of the examinee such as “slim, fit, well” or “appears older than stated age; generally poor physique” is helpful to the medical reviewer.

2. THE MEDICAL EXAMINATION REPORT (Form STD-610)

   Must include the following:

   a. Height without shoes.
   b. Weight with indoor clothing and without shoes.
   c. Near and distant vision.
   d. Peripheral vision.
   e. Contact lenses.
   f. Basic color perception.
   g. Condition of teeth.
   h. Blood pressure, heart and lungs.
   i. General configuration.
   j. R.O.M.--Loss of body parts.
   k. Feet.
   l. Skin condition.
   m. Allergic reactions.
   n. Serum Cholesterol, with HDL and LDL.
   o. Serum Triglycerides.

3. The physical examination may be performed by a licensed medical doctor or doctor of osteopathy; Nurse Practitioner; or Physician Assistant (cosigned by

their consulting physician). Physicals conducted by chiropractors or any persons other than those listed are not acceptable.

4. VITAL SIGNS

Vital signs, height, weight and vision may be recorded by a medical assistant.

5. VISION

a. Near and far.

b. Uncorrected and corrected, if lenses are worn.

c. Visual acuity MUST BE stated in Snellen fraction. Jaeger visual acuity is not acceptable.

d. Color vision will be assessed using Ishihara plates.

6. SPIROMETRY

Testing to determine forced vital capacity (FVC) and forced expiratory volume at one second (FEV_1) must be conducted according to American Thoracic Society standards. **A column time curve showing a minimum of three acceptable FVC maneuvers is required. Measurements should be made of the FVC and the FEV_1. The FVC/FEV_1 ratio should be calculated and expressed as a percentage.** The largest FVC and the largest FEV_1 should be recorded. Other measures, such as forced expiratory flow (FEF) 25-75 and the instantaneous expiratory flows (v), should be obtained from the best test curve. A copy of the actual tracing along with the calculation (computerized printout preferred) is required. A NIOSH certified spirometry technician should perform the examination. Please include a copy of the pulmonary questionnaire.

7. AUDIOMETRY

Must be conducted at **500-8000 Hz, from 0-90 DCBS**. Audiometry must be conducted in a certified booth using calibrated equipment, and either an automated audiometer, or a properly trained technician. On your report please state precisely under what conditions the examination was done (e.g., "Madsen Audiometer Model 260, calibrated ANSI 1969 standards on 2/24/87, certified booth and technician"). Printout of audiometric testing is required.

8. TREADMILL

If ordered should be submaximal testing with a predetermined end point of 90 percent of the maximal heart rate. Bruce protocol is preferred. Must be done by a qualified internist, preferably a board certified cardiologist, who

should provide tracings and legible report of his/her findings, interpretation and recommendations, if any, for follow-up.

SCHEDULING

The department or the employee will contact your office to arrange an examination at a mutually convenient time. Please assist the employee in arranging his/her treadmill examination if conducted outside your office.

REPORTING

The examining physician is encouraged to discuss his/her findings directly with the examinee. However, no comments about employability should be made until the examination results have been reviewed by the department's Medical Consultant or Nurse Practitioner. The CDF Occupational Safety and Health Program office will routinely send a results letter to the examinee and discuss any abnormalities with him or her, at least partially relieving you of the reporting burden. In the case of serious abnormalities, please contact the Nurse Practitioner assigned to your Region or Headquarters.

When all tests have been completed, please review the documentation for errors and legibility and mail the originals of the history, physical examination, test results, and a copy of the invoice (you retain the original invoice) to the appropriate CDF Nurse Practitioner listed on the STD 610.