

# Pre-Placement and Respirator Examination

**Cannon Falls  
Lake City  
Red Wing**

MRN Number: \_\_\_\_\_

<b>NAME</b>					<b>EXAM DATE</b>					
Height		Weight		Blood Pressure			Pulse Resting: _____ Exercise: _____			
<b>VISION (distant)</b>		<b>RIGHT</b>	<b>LEFT</b>	<b>BOTH</b>	<b>COLOR VISION</b>					
Uncorrected		20/	20/ 20/		1. Ishihara	Pass	Fail			
Corrected Glasses Contacts		20/	20/ 20/		2. Titmus	Pass	Fail			
Peripheral					3. Swatches	Pass	Fail	Red	Green	Yellow
<b>HEARING</b> Whisper test Right _____ Left _____					Audiogram (See Report)					
<b>PHYSICAL EXAM</b>		<b>NORMAL</b>	<b>ABNORMAL</b>	<b>NOT EXAMINED</b>	<b>COMMENTS</b>					
1. Head, Face, Neck, and Scalp										
2. Mouth, Nose, and Throat										
3. Ears - General										
4. Eyes										
5. Lungs & Chest										
6. Heart										
7. Vascular System										
8. Abdomen										
9. Hernia										
10. Genitorectal					<b>TESTS</b>		<b>NORMAL</b>	<b>ABNORMAL</b>	<b>NOT TESTED</b>	
11. Upper Extremities					Pulmonary Function Test					
12. Lower Extremities					FVC _____					
13. Identifying scars, tattoos					FEV1 _____					
14. Skin, Lymphatics					FEV1/FVC _____					
15. Neurologic					Chest X-Ray					
16. Tendon Reflexes					EKG					
17. Psychiatric					Laboratory					
18. Other					Mantoux Step 1: Date		Results: _____ mm.			
					Mantoux Step 2: Date		Results: _____ mm.			
Lifting: Weight tested 40# 50# 60# 70# _____					Technique: Good _____ Poor _____					
Urine Drug Screen: Collected _____ Not collected _____				Urinalysis by dipstick: Specific Gravity _____ Albumen _____ Sugar _____						
<input type="checkbox"/> <b>No restrictions</b> <input type="checkbox"/> <b>Physical restriction(s)</b> <input type="checkbox"/> <b>No respirator use</b> <input type="checkbox"/> <b>Limited respirator use</b> <input type="checkbox"/> <b>Further examination needed</b> Comments:										
Examiner					Date					