

Protocol Summary Checklist of Documents and Tests

First Name	Last Name	Last 5 Digits of SSN
<input type="checkbox"/> Medical History	MFPRSI Fire & Police Questionnaire Form	
<input type="checkbox"/> Occupational History	MFPRSI Occupational History for Firefighter or Police Officer	
<input type="checkbox"/> Physical Exam:	MFPRSI Medical Examination Form	
<input type="checkbox"/> Physical Exam		
<input type="checkbox"/> Height		
<input type="checkbox"/> Weight		
<input type="checkbox"/> Pulse		
<input type="checkbox"/> Respirations		
<input type="checkbox"/> Blood Pressure		
<input type="checkbox"/> Vision:		
<input type="checkbox"/> Near		
<input type="checkbox"/> Far		
<input type="checkbox"/> Peripheral		
<input type="checkbox"/> Color (Ishihara, Farnsworth, etc.)		
<input type="checkbox"/> Urinalysis Dipstick (blood, protein, glucose)		
<input type="checkbox"/> Blood Work:		
<input type="checkbox"/> CBC		
<input type="checkbox"/> Chemistry:		
<input type="checkbox"/> Serum Creatinine		
<input type="checkbox"/> Fasting Glucose		
<input type="checkbox"/> AST		
<input type="checkbox"/> ALT		
<input type="checkbox"/> Fasting Lipid Profile		
<input type="checkbox"/> Immune Status:		
<input type="checkbox"/> Hepatitis B Antibody		
<input type="checkbox"/> Hepatitis B Antigen		
<input type="checkbox"/> Hepatitis C Screen		
<input type="checkbox"/> HIV Screen		
<input type="checkbox"/> TB Test: PPD – Mantoux Skin Test		
<input type="checkbox"/> ECG		
<input type="checkbox"/> Treadmill Stress Test		
<input type="checkbox"/> Chest X-Ray (Read by Radiologist)		
<input type="checkbox"/> Pulmonary Function Test (PFT)		
<input type="checkbox"/> Audiometry		
<input type="checkbox"/> Urine Drug Screen:		
<input type="checkbox"/> 5-Panel Screen		
<input type="checkbox"/> Marijuana		
<input type="checkbox"/> PCP		
<input type="checkbox"/> Cocaine		
<input type="checkbox"/> Opiates		
<input type="checkbox"/> Amphetamine - Methamphetamine		
<input type="checkbox"/> Mental Health Evaluation		