

SURREY FIRE DEPARTMENT
MEDICAL TESTING CHECKLIST

NAME: _____

FULL PHYSICAL EXAM

TEST TYPE	Test Date (yearly) and Results				
	Date	Date	Date	Date	Date
Blood Pressure					
Temperature					
Pulse					
Respiratory Rate & Quality					
Head, Eyes, Ears, Nose & Throat Exam					
Basic Cardiovascular Exam (palpation and stethoscope)					
Pulmonary Exam					
Gastrointestinal Exam					
Genitourinary Exam					
Rectal Exam					
Neurological Exam					
Musculoskeletal Exam					
Body Composition Exam (girth and BMI)					

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BLOOD ANALYSIS

TEST TYPE	Date	Date	Date	Date	Date
White Blood Cell Count					
Red Blood Cell Count					
Platelet Count					
Liver Enzymes and Function Tests: (AST,ALT, LDH, Alk Phos, Bilirubin, Albumin)					
Triglycerides					
Glucose					
Blood Urea Nitrogen					
Creatinine					
Glomerular Filtration Rate					
Sodium					
Potassium					
CO2					
Total Protein					
Calcium					
Lipid Tests					

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URINALYSIS

TEST TYPE	Date	Date	Date	Date	Date
<i>DIP STICK URINALYSIS:</i>					
pH Test					
Glucose Test					
Ketones Test					
Protein Test					
Blood Test (of urine)					
Bilirubin Test					
<i>MICROSCOPIC ANALYSIS:</i>					
WBC					
RBC					
WBC Casts					
RBC Casts					
Crystals					

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PULMONARY TESTS

TEST TYPE	Date	Date	Date	Date	Date
Spirometry					
Spirometry results may reveal the need for:					
- Peak Expiratory Flow Rate					
- DLCO					
- Lung Volumes					
Chest X-Ray (Recommended every 5 years)					

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CANCER SCREENING

TEST TYPE	Date	Date	Date	Date	Date
Skin Exam					
Breast Exam					
Mammogram					
PAP Smear					
Testicular Exam					
Prostate Specific Antigen (PSA)					
Fecal Occult Blood Testing					
Colonoscopy (Recommended every 5 years starting at age 40)					
Bladder Cancer Test					

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OTHER TESTS

TEST TYPE	Date	Date	Date	Date	Date
Resting EKG					
Stress Test / EKG					
Vision Tests					
Metabolic Syndrome – 3 or more of the following:					
- Abdominal Obesity (> 40” in men, > 35” in women)					
- Tryglycerides (> 150 mg/dL)					
- HDL Cholesterol (< 40 mg/dL for men, < 50 mg/dL for women)					
- Blood Pressure (> 130/85 mmHg)					
- Fasting Glucose (> 110 mg/dL)					

HEAVY METAL AND SPECIAL EXPOSURES

TEST TYPE	Date	Date	Date	Date	Date
Baseline					
Retested Due To An Exposure					

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VACCINATIONS

	Date	Date	Date	Date	Date
Tetanus/Diphtheria					
Measles, Mumps, Rubella					
Polio					
Hepatitis A					
Hepatitis B					
Human Papillomavirus					
Varicella					
Influenza					

INFECTIOUS DISEASE SCREENING

TEST TYPE	Date	Date	Date	Date	Date
Hepatitis C					
H.I.V.					
Tuberculosis					