



Lake Travis Fire Rescue
Travis County ESD 6

Employee Name: _____

Social Sec. #: _____

Employee Annual Physical Authorization

Note to Employee: Please call 512-544-8195 for an appointment and **bring** this sheet with you.

Firefighter Exam

- | | |
|---|---|
| <input type="checkbox"/> Detailed MD Examination | <input type="checkbox"/> PSA (Over 40) |
| <input type="checkbox"/> Titmus Vision Screening | <input type="checkbox"/> Stress Test (Over 40 or HAZMAT) |
| <input type="checkbox"/> Audiogram | <input type="checkbox"/> FOB (Over 40) |
| <input type="checkbox"/> Pulmonary Function Test | <input type="checkbox"/> Heavy Metal Screening (HAZMAT) |
| <input type="checkbox"/> EKG | <input type="checkbox"/> Chest X-ray (Every 3 years, OHS to verify) |
| <input type="checkbox"/> CBC | <input type="checkbox"/> TDAP (Every 10 years) |
| <input type="checkbox"/> Chem 28 | <input type="checkbox"/> MMR Titer (If no proof of immunity) |
| <input type="checkbox"/> Hepatitis B Surface Antibody | <input type="checkbox"/> Hepatitis A Series (If no proof of immunity) |
| <input type="checkbox"/> TB | <input type="checkbox"/> Hepatitis B Series (If no proof of immunity) |

StDavid's | **OCCUPATIONAL
HEALTH SERVICES**

Authorized by Scott Fernandez

Physical Completed / Reviewed by:

Signature

Clinic Representative