



State of Nevada
 Division of Industrial Relations
 Workers' Compensation Section

**Firefighters and
 Police Officers
 Extensive Heart
 Examination
 Form**

Name (Last, First, Middle)

Sex

Date of Examination

Address

Age

Date of Birth

Personal Physician's Name

Occupation

PHYSICAL

HEIGHT

BLOOD PRESSURE

WEIGHT

OVERWEIGHT?

YES

NO

EKG

NORMAL

ABNORMAL
(Specify)

STRESS EKG*

NORMAL

ABNORMAL
(Specify)

*If 40 years old or older or if abnormalities with resting EKG and no contraindications to performing test exist.

STETHOSCOPIC EXAMINATION OF THE HEART

NORMAL

ABNORMAL
(Specify)

Triglycerides

Cholesterol

Urine Glucose

It is recommended that you contact your personal physician for advice concerning correction of . . .

Examiner's Signature _____

Date

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature _____

Date