

Appendix I Example 1. Vital Signs & PPE Checklist (Central Arkansas Veterans Healthcare System)

**Medical Exclusion PRE	NAME		
*Medical Exclusion Employee ID#:	DATE		
PRE POST PAPR-COMBINATION CARTRIDGES	<u>=</u>		
BLOOD PRESSURE: *Diastolic > 105 HEART RATE: * > [70% (220 – Age)] *Any irregular rate or rhythm RESPIRATION: * > 24 / min TEMPERATURE: * > 99.5 deg F oral WEIGHT: *Open sore, large rash or sunburn HYDRATION: MENTAL STATUS: Alert; oriented to time & place; clear speech; normal gait *MEDICAL HISTORY: *Any meds last 72 hours *New meds Rx / diagnosis last 2 weeks *BACOND PRESSURE: PAPR—COMBINATION CARTRIDGES PAPR—COMBINATION	Employee ID#:		
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TEMPERATURE: * > 99.5 deg F oral WEIGHT: GLOVES & NECK TAPED			
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*New meds Rx / diagnosis last 2 weeks		BOOTS	
	*		
Symptoms rever, NV, diarrnea,		SUIT TAPED OVER BOOTS	
cough in past 72 hours	*Pregnant		
*Pregnant *Prior heat stress or exhaustion	*Prior heat stress or exhaustion		
NOTES:	NOTES:		
CHECKED BY:		CHECKED BY:	
TIME IN SUIT:			
CHECKED BY: TIME OUT:	CHECKED BY:		

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