

UC ID CODE #:

Ongoing Exam Date:

Report Date:

Dear

Enclosed are the results of your FMMP Ongoing Monitoring examination. I will summarize the principal findings of this examination and testing below. Please fill out the enclosed Satisfaction Questionnaire and return it to us in the enclosed postage-paid return envelope. Returning the Satisfaction Questionnaire lets us know you have received this letter and your results, and helps us learn how to improve the program for future participants.

A photocopy of the history I recorded for you is enclosed. I noted no symptoms which need concern you at this time.

A photocopy of the history I recorded for you is enclosed. Symptoms of concern include

A photocopy of the physical examination I performed on you is enclosed. Your weight was ___ lbs and your blood pressure was ___/___ and when rechecked later it was ___/___. Your physical examination showed no findings of concern.

A photocopy of the physical examination I performed on you is enclosed. Your weight was ___ lbs and your blood pressure was ___/___ when rechecked later it was ___/___. Your physical examination showed no findings of concern except

Your total cholesterol was ___ (desirable less than 200), your triglyceride level was ___ (desirable less than 250), your LDL or "bad" cholesterol was ___ (desirable less than 130), and your HDL or "good" cholesterol was ___ (desirable 45 or above). Your blood chemistries

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and blood sugar (glucose) were normal. (Your hemoglobin A1C, a measure of diabetes control, was). Your kidney function was normal. Your red and white blood cell counts were normal. Your PSA (prostate specific antigen), a screening test for prostate cancer, was normal. Your urinalysis was normal. Your Pap smear was normal. Your mammogram was normal. The stool cards you returned were negative for blood in the stool (changes if test abnormal).

Based on your history, physical examination, and testing, I have the following recommendation(s) for you:

Thank you for your participation in the Fernald Ongoing Monitoring Program examination. We hope that our findings have been of value in improving your current and future health. Please discuss the results of your examination and testing with your primary care physician. If you have any questions concerning these findings, please contact our Program Coordinator, Colleen Deck at 241-2189. She will try to answer any questions that you have or forward those questions to one of our physicians.

Sincerely,

, M.D.
Examining Physician
Fernald Medical Monitoring Program

/jk
enclosures

cc:

FERNALD MEDICAL MONITORING PROGRAM

RESULTS OF STOOL TESTING FOR BLOOD

Participant UC ID Code: _____

Participant Name: _____

Date cards read _____

Number of cards returned _____

Results:

_____ Cards were negative for blood

_____ Cards were positive for blood

Initials of card reader _____