CONTRACT PHYSICIAN BASIC PRE-PLACEMENT MEDICAL EXAMINATION RESULTS

OCCUPATIONAL HEALTH PROGRAMS
CHIEF EXECUTIVE OFFICE
COUNTY OF LOS ANGELES

Applicant:_____ SSN_____
Last First MI

Job Title_____Item Number_____

Requesting Dept _____Dept Number_____

_____ The applicant was seen today and may begin to work without restriction.

_____ Further consideration by County medical staff is needed. **The applicant should not start work until final medical clearance is sent by the Occupational Health Programs.**

_____ The applicant is assigned the following restrictions:

_____

_____

_____

Any questions regarding these restrictions should be referred Dr. Goldberg in the Occupational Health Program (rgoldberg@ceo.lacounty.gov).

Signature of Physician: _____ Date:_____

Name of Physician: _____
(Print or use stamp)

Contract Facility: _____
Name & City

Disposition: Original to hiring department
Copy to OHP with medical record

Revised 3/21/08