

**BASIC PRE-PLACEMENT MEDICAL EXAMINATION DATA**  
**County of Los Angeles - Occupational Health Programs**  
**Chief Executive Office**

Name (Last, First MI)		SSN	Sex	Age	Exam Date
Job Title		Item Number	Department Name		
<b>Distant Vision</b>			<b>Near Vision</b>		
Titmus:		BL/EDTRS Chart (if needed):		OU Best: Titmus #__ or 20/___	
OU 20/___	Corr to 20/___	OU 20/___	Corr to 20/___	If # 4 or 20/50	
				Do Card: J- ___	
<p><b>"As Needed" Physical Exam:</b> Perform a specific body system exam if there is a history of a problem within the last 3 months, <u>and</u> a nexus between the problem and the goals of the pre-placement evaluation (see CPG). List the name of each body system examined in the space below, and then describe all negative and positive findings. Repeat for each "As Needed" exam required.</p>					
Exam #1 _____ (body system)					
Exam #2 _____ (body system)					
Exam #3 _____ (body system)					
Exam #4 _____ (body system)					
Exam #5 _____ (body system)					
Physician's Comments:				Contractor Name and Location	
Triage: <input type="checkbox"/> No Restrictions <input type="checkbox"/> Restricted <input type="checkbox"/> OHP Review		Physician's Signature		Physician's Printed Name	