



Signature: Revised 11/5/18

Department of Human Resources | Occupational Health Programs Pre-Employment/Post-Offer Medical Examinations

Date:

Phone: 213-738-2187 | Fax: 213-784-1713

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PRE-PLACEMENT	Name:			
PROTOCOL SHEET	Last 4 SSN:	DOB:	Date:	
	Contractor:			
	Work Order #:			
ITEM NUMBER: 1592, 1593 CLASS TITLE: Tour Guide, Sr. COMMENTS: Conducts group tours License needed for many assignmapplicant (send originals to OHP).				
PACKAGE: GENERAL (record resonant process) Height/Weight Dipstick urinalysis for gluco Blood pressure, pulse rate, Distance acuity: Corrected Near vision: Corrected OU Audiometry: Administered I Review of General Pre-Plan	ose, protein, and bl , rhythm d OU, OS, OD (Titr J (Titmus) by CAOHC certifie	ood nus) d staff	<u>n Data</u> form) G	,
PACKAGE: DMV (record results or Specific Gravity Peripheral Vision Distance acuity: Uncorrect Color vision with Titmus sig Physical Exam: Complete Review and completion of I	ted OU, OS, OD (T gnal light slide	ītmus)		
REQUIRED ADDITIONAL TESTING	G:			
EKG			A2	23
For questions requiring consulta Occupational Health			•	
I certify the above referenced test listed above.	ts were performe	d and completed (on the applicant	
Authorized Clinic Representative:				