

PRE-PLACEMENT PROTOCOL SHEET

Name: _____

SSN: _____ DOB: _____ Date: _____

Contractor: _____

ITEM NUMBER: 4784

CLASS TITLE: Dietician

COMMENTS: Note significant problems with communication (hearing and speech) or use of hands. No driving.

Sheriff Department applicants must be given urine drug screening (see below), and triaged to "OHP Review."

The Pre-Placement Results form must be completed, sealed in an envelope, and given to the applicant to take to the hiring department. Include a copy with the medical file sent to Occupational Health Program office.

PACKAGE: BASIC (record results on Basic Pre-Placement Exam Data form) B

- _____ Distance acuity: Corrected O.U.
- _____ Near vision: Corrected O.U.
- _____ Review of Basic Pre-Placement Questionnaire
- _____ Completion of Pre-Placement Results form

REFLEXIVE TESTING:

As Needed Physical Examination: Perform a specific body system exam, if there is a current (i.e. within the last 3 months) history of a problem, and a nexus between the problem and the goals of the pre-placement evaluation (see CPG).

Describe Problem: **Exam Indicated** (check if performed):

	▶	_____ Physical exam of the	A44
	▶	_____ Physical exam of the	A45
	▶	_____ Physical exam of the	A46
	▶	_____ Physical exam of the	A47
	▶	_____ Physical exam of the	A48

Clinical Findings:

Testing Required:

Sheriff Department applicant	▶	_____ Drug test (8-drug panel) after completion of <u>Drug Test Notification Form</u> & triage to OHP Review	A65
Urine Drug Screen reported as dilute	▶	_____ Retest Bottle A at Limit of Detection	A97
Vision/Near < target #5 OU	▶	_____ Vision retest with near point card	A69