

PRE-PLACEMENT PROTOCOL SHEET

Name: _____

SSN: _____ DOB: _____ Date: _____

Contractor: _____

ITEM NUMBER: 4791

CLASS TITLE: Food Services Manager, Sheriff

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

Due to drug testing, **triage all to OHP Review**. Do not complete Pre-Placement Results form.

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

REQUIRED ADDITIONAL TESTING:

_____ Drug test (County 8-drug panel) after completion of Drug Test Notification Form A65

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:

Vision/Near < target #5 OU	▶	_____ Vision retest with near point card	A69
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