COUNTY OF LOS ANGELES



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

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

PRE-PLACEMENT	Name:			
PROTOCOL SHEET	Last 4 SSN:	DOB:	Date:	
	Contractor:			
	Work Order #:			
	Contractor:			
ITEM NUMBER: 7222 CLASS TITLE: Assistant Wastev	vater Treatment Ope	erator		
COMMENTS: Operates and mainta dangerous machinery; drives: occa		-		
PACKAGE: GENERAL (record re	PACKAGE: GENERAL (record results on General Pre-Placement Exam Data form)			
Height/Weight Dipstick urinalysis for gluc Blood pressure, pulse rate Distance acuity: Correcte Near vision: Corrected Ol Audiometry: Administered Review of General Pre-Pla	e, rhythm d OU, OS, OD (Titm U (Titmus) by CAOHC certified	nus) d staff		
REQUIRED ADDITIONAL TESTIN Drug test (County 8-drug p		ion of <u>Drug Test N</u>	otification_Form	A65
I certify the above referenced tes	th Program, please	call (213) 738-218	7.	- t
listed above.	·	•		
Authorized Clinic Representative:				
Signature: Date: Date:				_