



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

ITEM NUMBER: 2707

CLASS TITLE: Deputy Sheriff Trainee

COMMENTS: Evaluate candidates using the Commission on Peace Officer Standards and Training Medical Screening Manual (<https://post.ca.gov/medical-screening-manual>) as a reference. Use a la carte services listed in the Master Agreement as necessary to evaluate medical conditions. If additional services are needed to complete the evaluation, contact OHP (213) 738-2187 for authorization.

PACKAGE: PEACE OFFICER (SHERIFF'S)

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- _____ Height/Weight
- _____ Blood pressure, pulse rate
- _____ Far acuity: Uncorrected OD, OS, OU (Titmus)- do monocular testing first
 - ▶ If either eye >20/30, repeat uncorrected with ETDRS chart
 - ▶ If either eye >20/30 by ETDRS, repeat ETDRS with correction
- _____ Near vision: Best OU (Titmus): ▶ if target #4 (20/50) or worse, see below
- _____ Dipstick urinalysis for glucose, bilirubin, protein, and blood
- _____ Drug test (County 8-drug panel) after completion of Drug Test Notification Form
- _____ EKG
- _____ Spirometry
- _____ Audiometry: ▶ If any threshold >25 dB (except 6 or 8 kHz), do manual repeat
- _____ Review of POST Medical History Statement (POST 2-252):
- _____ Physical Exam: Complete POST Medical Examination Report (POST 2-253)

REQUIRED TESTING:

- _____ HRR color plate test (County version) ▶ If any errors, see Reflexive Testing A61
- _____ CBC with Differential A04
- _____ Blood Chemistry Panel A03
- _____ PPD 101 **or** _____ Quantiferon TB Gold In-Tube 102
 (unless applicant has had positive TB test anytime in the past or has had a negative TB test in last 2 years and willing to provide documentation to OHP upon request.)

ADDITIONAL TESTING GUIDELINE:

Male Age > 35 or Female Age >45	▶ _____ Lipid Panel	A14
2 year Framingham Risk Score > 2%	▶ _____ CST (Bruce)*	A09
EKG: AV block, complete LBBB, RBBB, LVH	▶ _____ CST (Bruce)*	A09
Uncorrected vision in either eye >20/70	▶ _____ Provide SCL Form to applicant	
HRR color plate error(s)	▶ _____ POST Color Naming Test	A21
Vision/near: target #4 (20/50) or worse	▶ _____ Retest with near point card	A69

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For questions requiring consultation with a physician from the Los Angeles County Occupational Health Program, please call (213) 738-2187.

I certify the above referenced tests were performed and completed on the applicant listed above.

**Authorized Clinic
Representative:**

Signature:

_____ **Date:** _____