



PRE-EMPLOYMENT/POST-OFFER (PEPO) MEDICAL EXAMINATION WORK ORDER

APPLICANT INFORMATION

Full Name (last, first, middle)					
Last 4 of SSN		Date of Birth		Age	
Classification Title				Item Number	
Department					
Home Address					
City			State		Zip Code
Personal Telephone Number					
Personal Email Address					

FOR APPLICANTS: Please complete your Pre-Employment/Post-Offer (PEPO) Health History Questionnaire and provide it only to the clinic representatives on the day of your appointment.

CLINIC & APPOINTMENT INFORMATION

Date of Appointment			Time of Appointment		
Name of Occupational Health Clinic					
Address					
City			State		Zip Code
Telephone Number					
Email Address					

DEPARTMENT INFORMATION

Name of Person Completing Work Order				
Classification Title				
Department				
Work Telephone Number		Work Email Address		
Hiring Initiative				

FOR DEPARTMENTS: Please provide a copy of this completed work order to the applicant and the link to the Pre-Employment/Post-Offer (PEPO) Health History Questionnaire specific to their position. In addition, please always copy ohp@hr.lacounty.gov when emailing the work order to the clinic.