



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

### APPLICANT INFORMATION

Full Name <i>(last, first, middle)</i>							
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							

**FOR ALL CONCENTRA CLINICS - PLEASE USE THE FOLLOWING ACCOUNT INFORMATION:**

Employer: County of Los Angeles OHP Medical Exams  
Address: 510 S. Vermont Ave. 12th Floor, Los Angeles, CA 90020

### 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](mailto:ohp@hr.lacounty.gov) when emailing the work order to the clinic.