COUNTY OF LOS ANGELES

EMPLOYEE EXAMINATION WORK ORDER

Name:_____
Last First MI

Employee Number_____ Birthdate_____

Home Address _____

Dept _____ Dept Number_____

Job Title_____ Item Number_____

Appointment Date_____ ; Time _____

Clinic: _____

Examination(s) Requested (Check all that apply):

_____ Armed Reserve Pool
_____ Asbestos
_____ Bomb School
_____ Clandestine Lab
_____ Commercial Driver's License (DMV)
_____ Confined Space
_____ Crane Operator
_____ Hazmat
_____ Hearing Conservation
_____ ILL-at-Work (Flu Contagion Exam)
_____ Lead
_____ Respirator
_____ Return-to-Work Evaluation
_____ SCUBA

Ordered by _____ Order Date: _____
Print Name

Signature _____ Phone: _____

Revised 5/26/15