



OCCUPATIONALLY MANDATED EXAMINATIONS (OME) WORK ORDER

EMPLOYEE INFORMATION

Full Name <i>(last, first, middle)</i>							
Employee ID #	e-	Date of Birth	Age	Last 4 of SSN			
Classification Title				Item Number			
Department							
Home Address							
City				State	Zip Code		
Personal Telephone			Personal Email				
Work Telephone			Work Email				

DEPARTMENT INFORMATION

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

EXAMINATION INFORMATION – PLEASE CHECK ALL THAT APPLY

- | | | |
|--|--|---|
| Armed Reserve Pool - E27
Asbestos - E09
Clandestine Lab - E24
Crane Operator - E20
Crystalline Silica - E31
Commercial Driver (DMV) - D | Confined Space - E02
FBI Bomb School - E22
HAZMAT - E06
Hearing Conservation - E18
Lead - E11
Inorganic Arsenic - E32 | Respirator Fit Testing - A102
Respirator - E05
Retirement Exemption - E26
S.C.U.B.A - E12
TB Screening (Skin Test) - I11
TB Screening (Blood Test) - I02 |
|--|--|---|

CLINIC & APPOINTMENT INFORMATION

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

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

DEPARTMENTS, PLEASE PROVIDE A COPY OF THIS COMPLETED WORK ORDER TO THE EMPLOYEE