# BASIC PRE-PLACEMENT MEDICAL EXAMINATION DATA

## County of Los Angeles - Occupational Health Programs

## Department of Human Resources

| Name (Last, First MI) | SSN | Sex | Age | Exam Date |
|---|---|---|---|---|
| | | | | |

| Job Title | Item Number | Department Name |
|---|---|---|
| | | |

| **Distant Vision** | **Near Vision** |
|---|---|
| Titmus: EDTRS Chart (if needed): | OU (Best): Titmus # ____ |
| OU 20/____ Corr to 20/____ OU 20/____ Corr to 20/____ | If <5, Jaeger Card: J- ____ |

**"As Needed" Physical Exam:** Perform a specific body system exam if there is a history of a problem within the last 3 months, and a nexus between the problem and the goals of the pre-placement evaluation (see CPG). List the name of each body system examined in the space below, and then describe all negative and positive findings. Repeat for each "As Needed" exam required.

Exam #1 _____
(body system)

Exam #2 _____
(body system)

Exam #3 _____
(body system)

Exam #4 _____
(body system)

Exam #5 _____
(body system)

| Physician's Comments: | Contractor Name and Location |
|---|---|
| | |

| Triage: ☐ No Restrictions ☐ Restricted ☐ OHP Review | Physician's Signature | Physician's Printed Name |
|---|---|---|
| | | |