



Pre-Employment Physical Exam Request Form

Candidate Name: _____

Department/Division: _____

Appointment Date/Time: _____

Contact/Location: Westchester Medical Group
360 North Sepulveda Blvd., Suite 3000
El Segundo, CA 90245
(310) 348-4160

Job Classification: _____

- Job Description attached
- Job Analysis attached -- or -- Not Available

Exam Type: _____

- Medical History Questionnaire attached
 - City Medical History Questionnaire
 - POST Medical History Questionnaire -- Sworn Police Officers
 - POST Medical History Questionnaire -- Public Safety Dispatchers
 - DOT Medical Examination Report Form -- Driver Health History

Drug/Alcohol Test Required: Yes No

- DOT Drug Test (5 Panel) and Alcohol Test
- Non DOT Drug Test (9 Panel) and Alcohol Test

TB Test Required: Yes No

Respirator Test Required: Yes No

- OSHA Respirator Medical Evaluation Questionnaire attached

Vaccination Information (information only; vaccinations will not be provided during pre-employment physical):

- "Primary" Vaccination information provided to candidate
- "Secondary" Vaccination information provided to candidate
- "Other" Vaccination information to candidate

Instructions to Form Preparer: Once Exam Request Form has been filled out: 1) provide copy to candidate with instructions to take to exam, and 2) email copies to Medical Provider (craig.e.wellman@gmail.com) and Human Resources (omtp@smgov.net).