



NYS Department of Civil Service
Employee Health Service
55 Mohawk Street – Suite 201
Cohoes, NY 12047

Preplacement Physical Examination Request

EHS-769 (4/11)

General Preplacement Scheduling
(518) 233-3108 or (518) 233-3109
Fax - (518) 233-3132

PERSON REQUESTING EXAMINATION

Print Name:		Date of Request:	
Title:	Phone Number:	Fax Number:	
Agency Name and Address:			
Agency Code:	Cost Center Code:	Division:	
Preferred Service Location (See Note #1 below)			

I affirm that the candidate referenced below has been given a conditional offer of employment.

Signature of Person Requesting Examination: _____

Name of Agency Payment Coordinator:	Address:	Phone:
Name of Contact Person to Schedule Appointment:	E-mail Address:	Phone:

INFORMATION CONCERNING CANDIDATE

Candidate's Name:	Social Security Number: <i>(See note #3 below)</i>	
Street Address:	DOB:	Phone:
City:	State:	Zip Code:
Preplacement Title <i>(See note #2 below):</i>	Examination/Eligible List Number:	

NOTES:

1. A Preferred Service Location may not be available if the preplacement title has a physical agility test requirement. Unless decentralized to the agency, most agility testing is conducted in the Employee Health Service Examination Center.
2. For a current copy of the Physical/Medical Standard for a preplacement title, please call the General Preplacement Scheduling number above.
3. For appointments in the Labor Class and Non-Competitive Class, the Social Security Number will expedite the EHS processing.

COMMENTS:

Person to contact with results: _____ Fax Number: _____ Phone Number: _____
E-mail address: _____