



TO PRINT THE BELOW FORMS, PLEASE VISIT: <https://www.cs.ny.gov/extdocs/forms/EHS-10.pdf>

1. [Privacy Notice EHS-808](#) - This is for your information and records, please read but do not return to EHS.
2. [Client Data and Consent Form EHS-722](#) - Begin at "LAST NAME" and complete that whole section. If you do not have a home phone number, please draw a line through the box. If you are presently employed by New York State (NOT County, City or School), complete the next section. In the bottom section, initial that you have received the Privacy Notice EHS-808. Sign and Date.
3. [Physical Ability Test for Correction Officer EHS AG-1A](#) or [Physical Ability Test for Parole Officer/ Institution Safety Officer EHS AG-3A](#) - Complete Name, Social Security Number and Date of Birth. Sign and Date.
4. [Medical History Questionnaire for Preplacement Examinations EHS-728B](#) - Begin at Name and Complete the ENTIRE packet. When you get to Pg.11, please **Sign and Date ONCE** on the FIRST UPDATE LINE ONLY.
5. **\*\*Candidates with Corrected Vision\*\*** - If you have corrected vision you must bring your contact lenses, glasses (if you have glasses), contact lens case with solution in order to perform corrected vs uncorrected vision test.

#### FORMS TO KEEP FOR YOUR RECORDS – DO NOT BRING TO EMPLOYEE HEALTH SERVICE

- Privacy Notice EHS-808

#### FORMS TO PRINT, COMPLETE, AND BRING TO EMPLOYEE HEALTH SERVICE APPOINTMENT

- Client Data and Consent form EHS-722
- Physical Ability Test for Correction Officer EHS-AG-1A or  
 Physical Ability Test for Parole Officer/ Institution Safety Officer EHS AG-3A
- Medical History Questionnaire for Preplacement Examinations EHS-728B
- \*\*CANDIDATES WITH CORRECTED VISION ONLY\*\***

You must bring your contact lenses, glasses (if you have glasses), contact lens case with solution in order to perform corrected vs uncorrected vision test.