



**Department of
Civil Service**

EMPLOYEE HEALTH SERVICE

Preplacement Physical
Examination Request

EHS-769 (9/2024)

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

PreRequest@cs.ny.gov

Scheduling Requirements:

Dates not available:

Preferred Time: **AM** or **PM**

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:
(*See note #3 below*)

Street Address:

DOB:

Phone:

City:

State:

Zip Code:

Preplacement Title
(*See note #2 below*):

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: