



**Department of
Civil Service**

EMPLOYEE HEALTH SERVICE

Preplacement Physical
Examination Request

EHS-769 (4/2014)

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

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: _____ **Phone:** _____
E-mail Address: _____

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: _____