



COUNTY OF LOS ANGELES

Department of Human Resources | Occupational Health Programs
Pre-Employment/Post-Offer Medical Examinations
Phone: 213-433-7201 | Email: ohp@hr.lacounty.gov

**WORK ORDER
PRE-EMPLOYMENT /POST-OFFER
MEDICAL EXAMINATION**

Applicant Information	
Last Name	
First Name	
Last 4 Digits of Social Security Number	
Date of Birth	
Department Information	
Department Name & Number	
Applicant's Job Title	
Item Number	
Work Order Number*	
Work Order Date	
Person Completing Work Order	
Phone Number & Email Address	
Appointment Information	
Appointment Date and Time	
Occupational Health Clinic Name	
Clinic Address	
Clinic Phone Number	

*The Work Order Number is comprised of the department's two-letter code/ the four digit calendar year / unique sequential number for the work order; example: HM-2018-0001

***Give a copy of the completed Work Order to the applicant
and scan a copy of the work order to OHP@hr.lacounty.gov***