



**County of Alameda**  
**Referral Form for Pre-employment Health Screening**  
**Sedentary Positions with Special Requirements**

The Agency/Department representative should complete the information below for all sedentary positions that require a TB test, vaccination, or respirator medical evaluation. Please see the instructions on the following page.

Please consult the Agency/Department list of job classifications and exam types to determine which sedentary positions require TB testing, vaccinations, or respirator medical evaluation. For TAP candidates or retired annuitants, the exam type for the job classification in which the candidate will be working applies.

You may request a copy of your Agency/Department list from Sean Mullen at 510-272-6045.

Candidate's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency/Dept.: \_\_\_\_\_ Unit: \_\_\_\_\_

Job Classification: \_\_\_\_\_ Exam Type Sedentary \_\_\_\_\_

Date Health Questionnaire given to candidate: \_\_\_\_\_ Due Date: to AHS-EHS: \_\_\_\_\_

Date Respiratory Questionnaire given to candidate: \_\_\_\_\_ Due Date to AHS-EHS \_\_\_\_\_

(If applicable)

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

Fax Results To: \_\_\_\_\_ Fax #: \_\_\_\_\_

Special Requirements (Check all that applies)

Is a TB test required?     Yes     No

Are vaccines required?     Yes     No. If "yes", list: \_\_\_\_\_

Is respirator medical evaluation required?     Yes     No

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**INSTRUCTIONS**

**The Agency/Department representative must:**

- Complete the *Referral Form for Pre-employment Health Screening Sedentary Positions with Special Requirements* and fax it to the Alameda Health Services Employee Health Services (AHS-EHS) at 510-346-7579 and to the Risk Management Unit at 510-272-6815.
- Call AHS-EHS to confirm receipt of the referral and to make an appointment for the special requirements and/or respirator medical evaluation.
  - The representative should request several appointment dates and then work it out with the candidate.
  - The representative should then finalize the date and time with AHS-EHS.
- Assign the appointment date to the candidate.
- Provide the candidate with the Health History Questionnaire and Respirator Medical Evaluation Questionnaire, if applicable, and the date the candidate must submit them to AHS-EHS. In the Health History Questionnaire, the representative is to complete the Agency/Department information at the top of page 1. The questionnaire(s) must be received by AHS-EHS at least 24 hours prior to the appointment.

**The candidate must**

- Complete and submit the Health History Questionnaire and, if applicable, the Respirator Medical Evaluation Questionnaire, via fax, mail, or in-person so that AHS-EHS will have them by the due date.

AHS-EHS  
15400 Foothill Blvd., Building “C”, 1<sup>st</sup> Floor, Room #130  
San Leandro, CA 94578  
Phone: 510-346-7551 / Fax: 510- 346-7579

- Contact AHS-EHS to confirm receipt of the documents.
- Arrive at AHS-EHS 30 minutes before the appointment **with a picture ID**.

**AHS-EHS will:**

- Fax the medical clearance, or request for additional testing, to the representative within three business days after the completion of the special requirements.