



Pre-Placement Medical Exam Requisition Form

Submit completed form to Occu-Med via email at Scheduling@occu-med.com
If you are unable to Email, please Fax to (559) 435-7200.

Occu-Med to Schedule Applicant

Applicant has already been scheduled for: Date _____, Time _____

@ Clinic: _____

EMPLOYER INFO

EMPLOYER: _____

EMPLOYER REPRESENTATIVE: _____

PHONE: _____

EMAIL ADDRESS: _____

DEADLINE FOR RETURNING RESULTS: _____

APPLICANT INFO

APPLICANT: _____

JOB CLASS: _____

PRIMARY PHONE #: _____

ALTERNATE PHONE #: _____

EMAIL ADDRESS: _____

LOCATION (City, State): _____

DATE OF REQUEST: _____

Any questions regarding Exam Scheduling should be directed to Occu-Med's Exam Scheduling Department @ (559) 435-2800 x103.