



**CITY OF LOS ANGELES  
PERSONNEL DEPARTMENT – MEDICAL SERVICES DIVISION  
MEDICAL SECTION  
GINA LAW**

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. Genetic information as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

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INITIAL

DATE

**BOARD OF CIVIL SERVICE  
COMMISSIONERS**

Room 360, PERSONNEL BUILDING

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**CITY OF LOS ANGELES  
CALIFORNIA**



**ERIC GARCETTI**  
MAYOR

**PERSONNEL DEPARTMENT**

PERSONNEL BUILDING  
700 EAST TEMPLE STREET  
LOS ANGELES, CA 90012

Wendy G. Macy  
GENERAL MANAGER

MEDICAL SERVICES DIVISION  
520 E. Temple Street  
Los Angeles, CA 90012

Joanne O'Brien, RN  
Administrator

Diane Levitan, PH.D.  
ACTING DIRECTOR OF PSYCHOLOGY

To: Law Enforcement Candidate

From: Public Safety Division  
Medical Services Division

You have successfully completed the initial stages of the examination for entry-level law enforcement employment. The next phase includes the medical examination and psychological evaluation. Prior to your medical appointment, please complete the attached **Report of Medical History Form and the Release & Waiver Form**.

**The Medical History Form** is a comprehensive history form and you may need time to research dates and facts. Do not omit any injury, illness, or medical treatment regardless of your age at the time of occurrence or severity. For each item provide as much detail as possible. A thorough background investigation will be conducted, which includes a review of both civilian and military records. *Failure to accurately complete or indicate any past or current condition may result in disqualification.*

**The Release & Waiver Form** needs to be notarized and submitted at the time of your medical exam. Without this form your Background Investigation could be delayed. **At the time of your medical exam, ask medical staff for the designated location to submit your notarized Release & Waiver Form.**

If you have a history, current or past, of any of the conditions listed below we will need a copy of your medical records relating to your diagnosis and treatment. Please obtain a copy of your medical records from the health care provider.

Asthma	Epilepsy	Knee injury or problem
Back or neck problem	Eye surgery (RK, PRK, laser)	Loss of consciousness
Cancer	Fainting spell	Medical evaluation for hearing loss
Diabetes	Heart condition	Severe or recurrent sprains
Dislocation of any joint	High blood pressure	Shoulder injury or problem
		Treatment for headaches

If you wear soft contact lenses, please wear them to your appointment and **bring** your glasses. Also, bring in the name, telephone number and fax number of the eye specialist who can verify contact lens use for at least three months.

In the event your medical records are not available prior to your appointment, please bring the completed medical history form to your scheduled appointment. Make arrangements to have your medical records sent to the Medical Services Division, at the address below as soon as possible. Please ensure the medical records being sent contain your name, social security number, and the date of your medical appointment at the Medical Services Division.

If you have not taken the written psychological test(s) in the last 12 months, you should allow 5 to 6 hours to complete the testing. Since the clinic only has a beverage vending machine, you should eat breakfast and/or bring a snack. Please dress comfortably and do not wear cologne, perfume, or any scented oils or sprays to your medical appointment.

Please report to Medical Services Division, 520 East Temple Street, Los Angeles, CA 90012 [Phone (213) 473-6960] for your medical examination and the written portion of the psychological evaluation on:

@

**NOTE: If you are ill with a cold or the flu, contact Public Safety Division staff at (213) 473-9060 to reschedule your appointment. This is important to prevent spreading your infection to others.**

revised 11/15/17

## PRE-PLACEMENT MEDICAL INFORMATION SHEET

Please review the information below prior to reporting for your City of Los Angeles pre-placement medical evaluation. If you cannot keep this appointment, please notify the Public Safety Division (PSD) at (213) 473-9060 within 24 hours of your scheduled time.

**Please show up to your appointment at your scheduled time with your Medical History Form/GINA LAW Form and notarized Release & Waiver Form filled out.** If you arrive after your scheduled appointment, you may need to be rescheduled.

**APPOINTMENT CHANGES:** PSD at (213) 473-9060

**REPORT TO:** 520 East Temple Street, Los Angeles, CA 90012 (on Temple between Alameda and Vignes)

**FREE PARKING:** Parking is **NOT** available at the Medical Services Division. You may park at the lot on the corner of Alameda and Temple at a cost of \$6 or more. You may also park at meters that are located by the Medical Services Division. You will need about \$4 in quarters for the meters.

**PHOTOGRAPH:** Bring one small passport-type photograph of yourself. It will be attached to your medical history form. Your photo **WILL NOT** be returned.

**PICTURE ID:** You must bring a picture ID such as a State issued Driver's License or ID card, Military ID Card, or U.S. Passport.

**FORMS:** Bring the completed Report of Medical History form, notarized Release & Waiver form and any medical records with you at the time of your appointment.

**EVALUATION:** The medical examination and written psychological tests may take up to five to six hours.

**LIQUIDS:** Do not consume any caffeinated liquids or products for at least 2 hours before reporting for your appointment.

**SMOKING:** Do not smoke for at least two hours prior to reporting for your appointment.

## PRE-PLACEMENT MEDICAL PROCESS

The Pre- Placement Medical process for Law Enforcement Officer consists of the following two (2) parts:

### **PART ONE:**

- a. Written Psychological exam
- b. Medical Monitoring: Nurse will check for vital signs as a measure of health/physical condition.

### **PART TWO:**

- a. Medical consultation with Doctor
- b. Treadmill Test, if medically cleared by Doctor

**DIRECTIONS TO THE PERSONNEL BUILDING  
700 EAST TEMPLE STREET  
LOS ANGELES, CA 90012**

From **EAST** of Downtown, take either 5 North, 60 West, or 10 West to the 101 North, just before downtown. Take the Alameda exit, make an immediate right on Commercial Street and Left on Temple. Our building is approximately two blocks down.

From **WEST** of Downtown, take the 10 East to the 110 North. Exit 4th Street, which is one way. Drive across downtown to Alameda. Turn left on Alameda. Turn right on Temple Street. Our building is approximately two blocks down.

From **the VALLEY**, take the 101 to Los Angeles, when you reach downtown stay in one of the left three lanes. You will be following the freeway signs for the 10 East / 5 South. Exit Los Angeles Street (right turn only), make a left on Temple. Our building is approximately two blocks east of Alameda.

From **SOUTH** of Downtown, if using 110 North, exit 4th Street, which is one way. Drive across downtown to Alameda. Turn left on Alameda. Turn right on Temple Street. Our building is approximately two blocks down.

– OR –  
If using the 5 North, continue to the 101 North, just before downtown. Take the Alameda exit, make an immediate right on Commercial Street and Left on Alameda, then a left on Temple. Our building is approximately two blocks down.

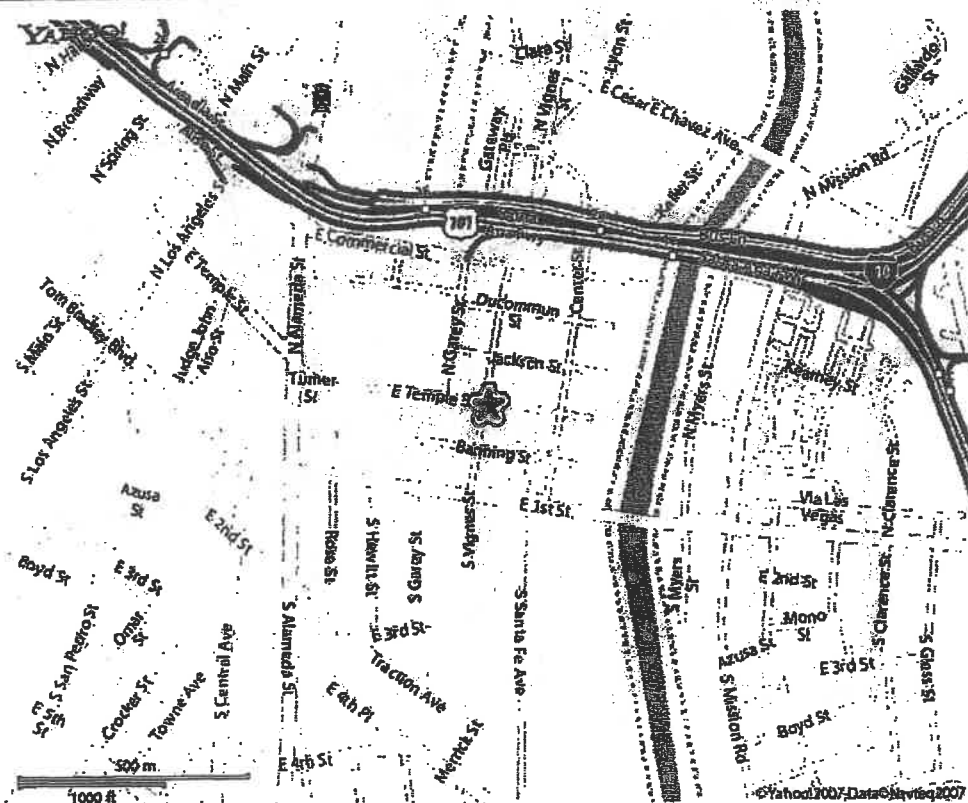
From **NORTH** of Downtown, (Pasadena/Glendale area), take the 110 South and exit on Hill Street. Continue on Hill Street until reaching Temple. Make a left on Temple. Our building is approximately two blocks east of Alameda. (Glendale and other northern areas off the 5 freeway must take the 5 South to the 110 South.)

For specific directions from your location, please visit one of the following websites:

<http://www.mapquest.com>

<http://maps.yahoo.com>

<http://maps.google.com>



**PARKING OPTIONS**

Metered parking, which requires quarters, is available Monday through Friday along the streets surrounding the Personnel Building. Please be aware that available meters can be difficult to locate on weekdays. Please see the map on the reverse side for other parking options.

**PUBLIC TRANSPORTATION**

We encourage you to use public transportation to avoid the inconveniences of finding parking. Please consider visiting one of these websites for additional information on routes and schedules:

<http://www.metrolinktrains.com>

<http://www.ladottransit.com>

<http://www.mta.net>

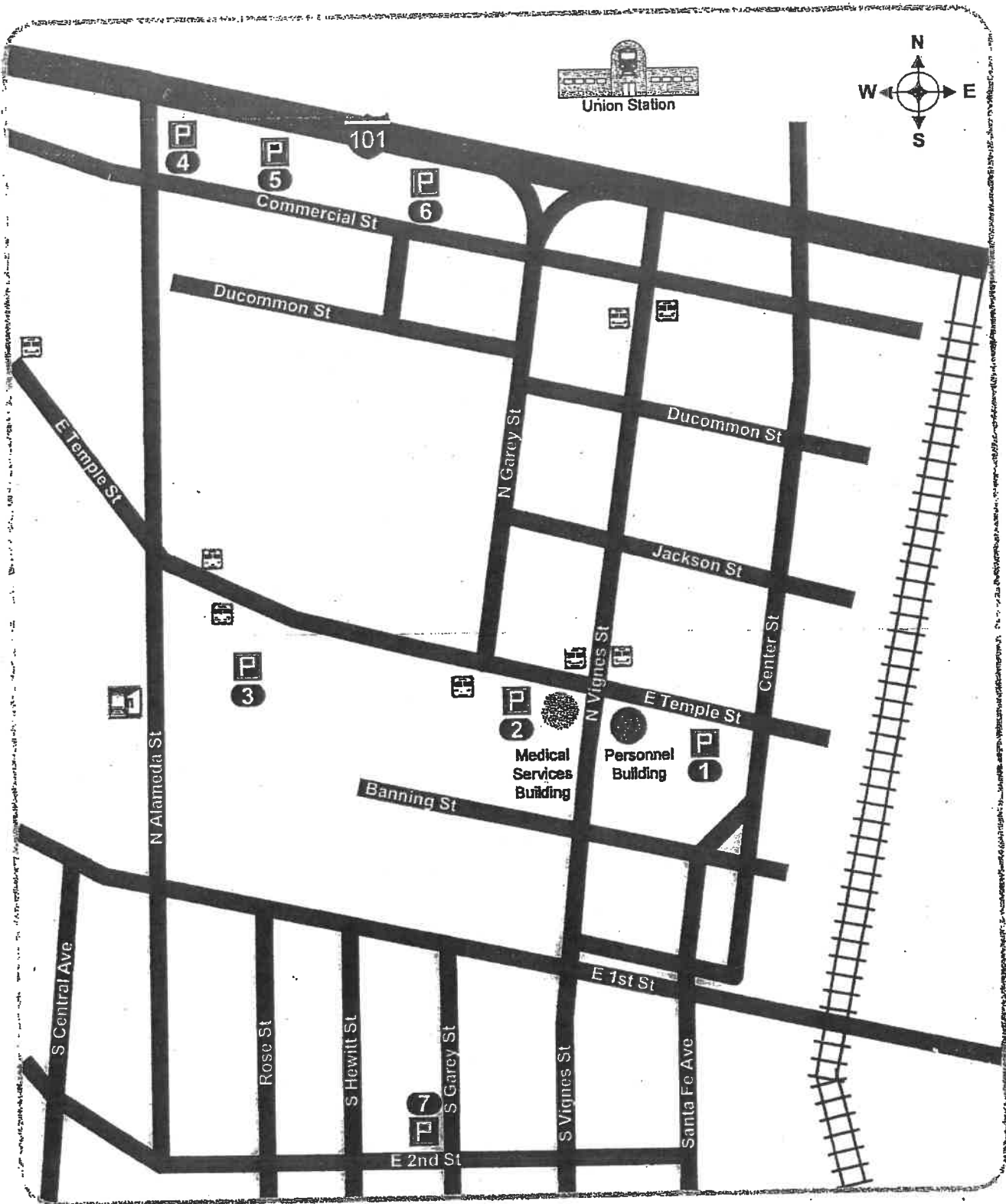
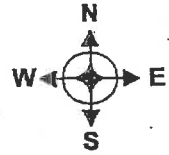
<http://www.amtrak.com>

<http://www.foothilltransit.org>

<http://www.omnitrans.org>




Union Station










 **Personnel Department**  
700 E Temple St

**Medical Services**  
520 E Temple St

 **Dash Stop**

 **Gold Line**  
Little Tokyo/Arts District  
Station

 **Parking Lot**

-  **1 Personnel Dept. Employee Parking (by permit only)**
-  **2 Personnel Dept. Employee Parking (by permit only)**
-  **3 GSD Parking Lot 753 (\$5.00 all day)**
-  **4 Joe's Parking (\$5.00 all day)**
-  **5 Central Parking Systems (\$4.00 all day)**
-  **6 CSP Parking (\$5.50 all day)**
-  **7 Advanced Parking Systems (\$4.00 all day)**

**PERSONNEL DEPARTMENT - CITY OF LOS ANGELES**  
 MEDICAL SERVICES DIVISION, 520 EAST TEMPLE STREET, LOS ANGELES, CA 90012, (213) 473-6960

NOTE: FEDERAL LAW (P.L. 93-579, SECT. 7) REQUIRES THAT YOU BE INFORMED, WHEN ASKED FOR YOUR SOCIAL SECURITY NUMBER, THAT THIS NUMBER MUST BE PROVIDED AND THAT IT WILL BE USED FOR IDENTIFICATION PURPOSES IN THE EMPLOYMENT PROCESS AND/OR IN THE MAINTENANCE OF OUR FILING SYSTEM PERTAINING TO MEDICAL EXAMINATIONS OR TESTING. OUR AUTHORITY FOR REQUIRING THIS INFORMATION IS BASED UPON CANDIDATE PROCESSING SYSTEM (CAPS) AND A MEDICAL RECORDS SYSTEM APPROVED AND IMPLEMENTED PRIOR TO JANUARY 1, 1975.

## REPORT OF MEDICAL HISTORY FOR SWORN

**[This form must be completed and presented when reporting for your physical examination]**

NAME (LAST, FIRST, MIDDLE):		SOCIAL SECURITY NUMBER		BIRTHDATE:	AGE:
ADDRESS:	APT.#	CITY:	STATE, ZIP CODE		HOME/CELL TELEPHONE NO. ( )
PRESENT OCCUPATION AND EMPLOYER:					WORK TELEPHONE NO. ( )
FOR WHICH CITY POSITIONS AND DEPARTMENT(S) ARE YOU BEING MEDICALLY EXAMINED?					E-MAIL ADDRESS:

A "YES" OR "NO" MUST BE CHECKED FOR EACH ITEM. DO NOT LEAVE ANY BLANKS. YOU MUST EXPLAIN ALL "YES" ANSWERS ON PAGE 3. MOST INDIVIDUALS WILL HAVE SOME "YES" ANSWERS. A "YES" ANSWER DOES NOT NECESSARILY MEAN THAT YOU WOULD BE CONSIDERED MEDICALLY LIMITED. CHECK ANY OF THE FOLLOWING CONDITIONS *WHICH YOU NOW HAVE OR HAVE EVER HAD*. (SPECIAL NOTE: OMISSION OR FALSIFICATION OF ANY MEDICAL INFORMATION MAY RESULT IN DISQUALIFICATION).

<p><b>YES NO</b></p> <p><b>EYES, EARS, NOSE THROAT</b></p> <p>___ 1. Lost Vision in One Eye</p> <p>___ 2. Eye Surgery</p> <p>___ 3. Worn Glasses/Contact Lenses</p> <p>___ 4. Cataract</p> <p>___ 5. Blurred or Double Vision</p> <p>___ 6. Color Vision Impairment or Abnormal Color Vision Test</p> <p>___ 7. Orthokeratology</p> <p>___ 8. Refractive Surgery</p> <p>___ 9. Vision Therapy</p> <p>___ 10. Glaucoma</p> <p>___ 11. Sinus Trouble</p> <p>___ 12. Hoarseness (Recently)</p> <p>___ 13. Allergy/Hay Fever</p> <p>___ 14. Ruptured Ear Drum</p> <p>___ 15. Ringing/Buzzing Ears</p> <p>___ 16. Loss of Hearing</p> <p>___ 17. Ear Surgery</p> <p>___ 18. Ear Aches</p> <p>___ 19. Use Hearing Aide</p> <p><b>PULMONARY</b></p> <p>___ 20. Asthma (Age of last episode: ___)</p> <p>___ 21. Shortness of Breath</p> <p>___ 22. Tuberculosis</p> <p>___ 23. Chest Tightness</p> <p>___ 24. Wheezing</p> <p>___ 25. Pneumothorax (Collapsed Lung)</p> <p>___ 26. Blood Clot in Lungs</p> <p>___ 27. Pneumonia</p> <p>___ 28. Asbestosis</p> <p>___ 29. Emphysema</p> <p>___ 30. Silicosis</p> <p>___ 31. Lung Cancer</p> <p>___ 32. Broken Ribs</p> <p>___ 33. Any Chest Injuries or Surgeries</p> <p><b>GENITO-URINARY</b></p> <p>___ 34. Kidney Disease or Stone</p> <p>___ 35. Bladder Trouble</p> <p>___ 36. Difficulty in Urinating</p>	<p><b>YES NO</b></p> <p>___ 37. Blood in Urine</p> <p>___ 38. Prostate Trouble</p> <p>___ 39. Irregular Vaginal Bleeding</p> <p>___ 40. Menstrual Problem That Kept You from Work</p> <p>___ 41. Currently Pregnant</p> <p><b>GASTROINTESTINAL</b></p> <p><b>YES NO</b></p> <p>___ 42. Gastritis</p> <p>___ 43. Vomited Blood</p> <p>___ 44. Persistent Diarrhea</p> <p>___ 45. Colitis</p> <p>___ 46. Blood in Stool</p> <p>___ 47. Recurrent Hemorrhoids</p> <p>___ 48. Gall Bladder Trouble</p> <p>___ 49. Hepatitis/Jaundice</p> <p>___ 50. Cirrhosis of Liver</p> <p>___ 51. Ulcer</p> <p>___ 52. Pancreatitis</p> <p>___ 53. Recurrent Nausea</p> <p>___ 54. Mucous in Stool</p> <p>___ 55. Hernia</p> <p>___ 56. Irritable Bowel Syndrome</p> <p>___ 57. Tarry Black Stool</p> <p>___ 58. Crohn's Disease</p> <p><b>HEART/VASCULAR</b></p> <p><b>YES NO</b></p> <p>___ 59. Heart Attack</p> <p>___ 60. Heart Trouble/Murmur</p> <p>___ 61. Palpitation (Irreg. Heartbeat)</p> <p>___ 62. Heart Valve Abnormality</p> <p>___ 63. Pain or Discomfort in Chest</p> <p>___ 64. Rheumatic Fever</p> <p>___ 65. Swelling of Feet</p> <p>___ 66. Leg Pain While Walking</p> <p>___ 67. Painful Varicose Veins</p> <p>___ 68. High Blood Pressure</p> <p><b>MUSCULO/SKELETAL</b></p> <p><b>YES NO</b></p> <p>___ 69. Fractures/Broken Bones</p> <p>___ 70. Back Trouble/Pain</p> <p>___ 71. Neck Trouble/Pain</p> <p>___ 72. Numbness of Extremities</p>	<p>___ 73. Shin Pains</p> <p>___ 74. Arthritis/Rheumatism</p> <p>___ 75. Joint Pain or Swelling</p> <p>___ 76. Joint Stiffness</p> <p>___ 77. Shoulder Injury/Dislocation/Pain</p> <p>___ 78. Elbow Pain</p> <p>___ 79. Wrist/Hand Pain</p> <p>___ 80. Hip Pain</p> <p>___ 81. Knee Pain</p> <p>___ 82. Ankle/Foot Pain</p> <p><b>NEURO-PSYCHIATRIC</b></p> <p><b>YES NO</b></p> <p>___ 83. Need Psychological Care</p> <p>___ 84. Mental Hospitalization</p> <p>___ 85. Epilepsy</p> <p>___ 86. Convulsion/Seizure</p> <p>___ 87. Fainting Spell</p> <p>___ 88. Recurrent Dizziness</p> <p>___ 89. Head Injury</p> <p>___ 90. Frequent Headaches</p> <p>___ 91. Stroke</p> <p>___ 92. Panic Attacks</p> <p>___ 93. Attention Deficit Disorder</p> <p>___ 94. Dyslexia</p> <p>___ 95. Skull Defect</p> <p>___ 96. Loss Of Consciousness</p> <p><b>MISCELLANEOUS</b></p> <p><b>YES NO</b></p> <p>___ 97. Diabetes</p> <p>___ 98. Thyroid Troubles</p> <p>___ 99. Bleeding Tendencies</p> <p>___ 100. Anemia</p> <p>___ 101. Enlarged Glands</p> <p>___ 102. Skin Problems/Rashes</p> <p>___ 103. Eczema</p> <p>___ 104. Cyst/Tumor</p> <p>___ 105. Cancer/Leukemia</p> <p>___ 106. Chronic Fatigue</p> <p>___ 107. Night Sweats</p> <p>___ 108. Undesired Weight Loss</p> <p>___ 109. Claustrophobia</p> <p>___ 110. Multiple Chemical Sensitivity</p> <p>___ 111. Gulf War Syndrome</p> <p>___ 112. Low Blood Sugar</p>
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YES NO

- \_\_\_ 113. Have you ever had a medical examination for any City of Los Angeles job? If "yes", when? \_\_\_\_\_
- \_\_\_ 114. Have you worked for the City of Los Angeles before? If "yes", at what position, and in which department? \_\_\_\_\_
- \_\_\_ 115. Have you ever been unable to hold a job or refused employment because of any physical, mental, or other medically related reason?
- \_\_\_ 116. Have you been rejected for or discharged from a military position because of physical, mental, or other medically related reasons?
- \_\_\_ 117. Have you ever taken any illegal drugs? If "yes", list type, frequency, and date last used on Page 3.
- \_\_\_ 118. Have you ever had a positive drug or alcohol test?
- \_\_\_ 119. Do you occasionally use or are you currently taking any prescription or over the counter medications? List name & dosage on Pg. 3.
- \_\_\_ 120. Have you ever been absent from work due to job stress?
- \_\_\_ 121. Have you ever had any surgical operations?
- \_\_\_ 122. Have you ever been hospitalized (at least overnight)? If "yes", list year, age, and length of stay on Page 3.
- \_\_\_ 123. Are you currently under a doctor's care?
- \_\_\_ 124. Have you ever seen a doctor for back/neck pain or problems?
- \_\_\_ 125. Have you ever been off work because of back/neck pain or problems?
- \_\_\_ 126. Do you have difficulty sleeping on more than one occasion per month?
- \_\_\_ 127. Do you have to stop for breath when walking at your own pace on level ground?
- \_\_\_ 128. Do you have coughing that produces phlegm (thick sputum)?
- \_\_\_ 129. Do you have coughing that wakes you early in the morning?
- \_\_\_ 130. Do you have coughing that occurs mostly when you are lying down?
- \_\_\_ 131. Do you currently have a cold or have you had any in the last two weeks?
- \_\_\_ 132. Have you recently been exposed to smoke or any noxious or chemical fumes?
- \_\_\_ 133. Have you missed more than five days from work due to medical reasons in the past twelve months?
- \_\_\_ 134. Have you been exposed to loud noise today? If "yes", were you wearing ear protection? \_\_\_\_\_
- \_\_\_ 135. Are you a current cigarette smoker?
  - A. How many packs of cigarettes do you smoke a day? \_\_\_\_\_
  - B. How long have you been smoking? \_\_\_\_\_
- \_\_\_ 136. Are you an ex-smoker?
  - A. How many years did you smoke? \_\_\_\_\_
  - B. How many packs a day? \_\_\_\_\_
  - C. When did you quit? \_\_\_\_\_
- \_\_\_ 137. Has someone ever been concerned about you drinking or suggested you cut down?
- \_\_\_ 138. Have you ever been arrested for driving under the influence (DUI)?
- \_\_\_ 139. Have you ever felt bad about your drinking?
- \_\_\_ 140. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (eye opener)?
- \_\_\_ 141. Have you ever taken prescription medicine for weight loss?
- \_\_\_ 142. Have you used any type of respiratory protection, such as a self-contained breathing apparatus (SCBA), cartridge or dust mask during the last year?
  - If "yes", how often did you use the respirator? \_\_\_\_\_
- \_\_\_ 143. If you have used a respirator, have you ever had any of the following problems?
  - \_\_\_ Eye Irritation
  - \_\_\_ Skin Allergies
  - \_\_\_ Anxiety
  - \_\_\_ General Weakness or Fatigue
  - \_\_\_ Any other problem that interferes with your use of a respirator
- 144. If you have used a respirator in the past year, please mark below (you may check more than one category).
  - A. \_\_\_ N,R, or P disposable respirator (filter-mask, non-cartridge type only)
  - B. \_\_\_ Half or full-face piece cartridge type
  - C. \_\_\_ Powered-air purifying, supplied-air
  - D. \_\_\_ Self-contained breathing apparatus

145. I am \_\_\_ left \_\_\_ right handed.

146. Describe any hobbies/recreational activities/work environments that expose you to noise or chemicals: \_\_\_\_\_

147. Please describe your typical exercise or physical activity including any exercise at work:

ACTIVITY:	HOW MUCH TIME DO YOU SPEND DOING THIS PER WEEK?:	HOW MANY MONTHS/YEARS HAVE YOU BEEN DOING THIS ACTIVITY?:
#1 _____	_____	_____
#2 _____	_____	_____
#3 _____	_____	_____

148. Please describe all jobs held in the last 5 years (including military service):

JOB TITLE:	EMPLOYER:	APPROXIMATE DATES OF EMPLOYMENT:
_____	_____	FROM _____ TO _____
_____	_____	FROM _____ TO _____
_____	_____	FROM _____ TO _____
_____	_____	FROM _____ TO _____
_____	_____	FROM _____ TO _____







**CITY OF LOS ANGELES  
PERSONNEL DEPARTMENT  
PUBLIC SAFETY BUREAU**

**LAW ENFORCEMENT OFFICER PHYSICAL ABILITIES TEST (PAT) – SECOND PORTION  
PERFORMANCE RECORD & PARTICIPATION FORM**

**DATE:** \_\_\_\_\_

**I.D.:** \_\_\_\_\_

**STATE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_

**(YOU MUST BRING YOUR STATE OR FEDERAL-ISSUED PHOTO ID ON THE DAY OF TESTING)**

**PLEASE FILL OUT AND BRING THIS FORM TO THE TEST SITE**

SOCIAL SECURITY NO.		
NAME: LAST	FIRST	MIDDLE
PRESENT ADDRESS: NUMBER	STREET	APT. NO.
CITY	STATE	ZIP CODE
HOME PHONE: (    )	WORK PHONE: (    )	
CELL: (    )	PAGER: (    )	

**DO NOT WRITE BELOW THIS LINE**

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**SCORE SHEET**

	PERFORMANCE TIME	SCORE	INITIAL
TREADMILL	_____ mins _____ seconds	Pass/Fail	_____

## **PAT PARTICIPATION FORM – SECOND PORTION**

(POLICE DEPARTMENT CANDIDATES ONLY)

- Do not eat heavily before taking the test. If you drink coffee, tea or other caffeinated beverages prior to taking the test, we recommend you consume them in moderation.
- Do not engage in vigorous exercise the day of the test.
- Do not take any self-prescribed medications, especially decongestants and antihistamines prior to the test.
- If you have been injured recently or you do not feel well, do not take the test today. We will be glad to reschedule you for a later testing date.
- Clothing and shoes should be appropriate for athletic activities.
- Bring a bottle of water with you on the test date.

**Please report to:**

**City of Los Angeles Personnel Department  
Medical Services Division  
520 East Temple Street  
(213) 473-6960**

The second portion of the Physical Abilities Test for Law Enforcement Officer consists of a Treadmill Test designed to measure aerobic capacity. The treadmill is programmed to SIMULATE running 1.5 miles in 14 minutes on track. During the test, the speed and incline of the machine will vary and, as a result, the actual test time is 10 MINUTES AND 20 SECONDS. The pass/fail score for this test is based upon your completion of this test for the specified time period.

I have read this description of the Physical Ability Test and understand that the test involves physical activity which should be entered into by a person who is in fit condition. I am in suitable condition for this test.

\_\_\_\_\_  
Applicant's Signature  
(Signed in the presence of a proctor)

\_\_\_\_\_  
Date