

# Pre-Placement Physical Exam Authorization Form

*This form is to be completed by the Trust Member Contact authorized to request Pre-Placement Physical (PPP) Exams. Appointments are to be scheduled by the Member with the participating provider in advance; walk-ins not permitted.*

Applicant Full Name: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Member Name: \_\_\_\_\_

Identify the PPP Exam Type, and any additional testing necessary, by checking the box(es) below.

<input type="checkbox"/> Standard High-Risk*	<input type="checkbox"/> Police	<input type="checkbox"/> Fire/Rescue
<input checked="" type="checkbox"/> General Medical & Occupational Health Questionnaire	<input checked="" type="checkbox"/> General Medical & Occupational Health Questionnaire	<input checked="" type="checkbox"/> General Medical & Occupational Health Questionnaire
<input checked="" type="checkbox"/> Physical Examination Vital Signs, Height/Weight, Vision, Orthopedic Screen	<input checked="" type="checkbox"/> Physical Examination Vital Signs, Height/Weight, Vision, Orthopedic Screen	<input checked="" type="checkbox"/> Physical Examination Vital Signs, Height/Weight, Vision, Orthopedic Screen
<input checked="" type="checkbox"/> Position Specific Functional Performance Assessment*	<input checked="" type="checkbox"/> Blood Testing General Health Panel, Blood Type, Hepatitis B & C Titer	<input checked="" type="checkbox"/> Blood Testing General Health Panel, Hepatitis B & C Titer
<input type="checkbox"/> Drug Screen (non-DOT) <i>(Member Billed Separately)</i>	<input checked="" type="checkbox"/> Audiogram	<input checked="" type="checkbox"/> Audiogram
<input type="checkbox"/> DOT "Pre-Employment" Drug Screen <i>(Member Billed Separately)</i>	<input checked="" type="checkbox"/> Electrocardiogram	<input checked="" type="checkbox"/> Electrocardiogram
	<input checked="" type="checkbox"/> Chest X-Ray	<input checked="" type="checkbox"/> Chest X-Ray
	<input checked="" type="checkbox"/> Tuberculosis Skin Test	<input checked="" type="checkbox"/> Tuberculosis Skin Test
	<input type="checkbox"/> Drug Screen (non-DOT) <i>(Member Billed Separately)</i>	<input checked="" type="checkbox"/> Pulmonary Function Test
	<input type="checkbox"/> Police Functional Performance Assessment <i>(Lateral Hires Only)</i>	<input type="checkbox"/> Drug Screen (non-DOT) <i>(Member Billed Separately)</i>

**\*Standard High-Risk Exam Only:** You must identify by checking the corresponding box below which position category below best describes the position the applicant is applying for, so that the corresponding Functional Performance Assessment can be conducted.

<input type="checkbox"/> Animal Control/Shelter	<input type="checkbox"/> Food Service	<input type="checkbox"/> Public Works/Highway
<input type="checkbox"/> Behavioral Specialist	<input type="checkbox"/> Harbormaster	<input type="checkbox"/> Refuse/Recycling
<input type="checkbox"/> Building Inspector	<input type="checkbox"/> Laborer	<input type="checkbox"/> School Bus Monitor
<input type="checkbox"/> Communications/Fire Alarm	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> School Nurse
<input type="checkbox"/> Custodian/Facility Maintenance	<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Special Education Teacher or Assistant
<input type="checkbox"/> Fleet Maintenance/Mechanic	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Water/Wastewater

**Invoice Questions:** Please contact Savoeun Locke, Administrative Assistant with The Trust’s Loss Prevention Department at [slocke@ritrust.com](mailto:slocke@ritrust.com) or (401) 438-6511 ext. 553

**Submit Invoice:** Invoices should be sent to [accountspayable@ritrust.com](mailto:accountspayable@ritrust.com) and cc [slocke@ritrust.com](mailto:slocke@ritrust.com)

**Program Questions:** Members and Participating Providers can contact Michael McMahon, Injury Prevention Specialist with The Trust’s Loss Prevention Department at [mmcmahon@ritrust.com](mailto:mmcmahon@ritrust.com) or (401) 438-6511 ext. 531

Requestor’s Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions for Applicant: Important – Read carefully before reporting for the PPP exam appointment.**

1. Please bring your current Government Issued photo ID with you.
2. If you wear eyeglasses/contacts, please bring them with you.
3. Please wear comfortable clothing and proper footwear suitable for physical testing.
4. No other persons or parties are permitted to observe or take part in any element of the Pre-Placement Physical Exam.
5. Police and Fire Only:
  - Avoid loud environments for 14 hours before your appointment.
  - It is not required to fast in advance of your bloodwork tests, but the results are most accurate if you can fast 8 hours prior to your appointment.
  - Please be sure to return for the second part of the Tuberculosis Skin test within the required period of time, otherwise the full Tuberculosis Skin test will need to be repeated. Additional costs will apply.