

VETERANS HEALTH ADMINISTRATION PRE-PLACEMENT REQUEST FOR MEDICAL EVALUATION

PRIVACY ACT STATEMENT: Solicitation of this information is authorized by Section 552a of Title 5, United States Code (U.S.C.), regarding records maintained on individuals; Section 3301 of Title 5, U.S.C., regarding determination as to an individual's fitness for employment with regard to age, health, character, knowledge and ability; and Section 3312 of Title 5 U.S.C., regarding waiver of physical qualifications for preference eligibles. This form is used to collect medical information about individuals who are incumbents of positions in the Federal Government, which require physical fitness testing and medical examinations, or individuals who have been selected for such a position contingent upon successful completion of physical fitness testing and medical examinations as a condition of their employment. VA may disclose the information that you put on the form as permitted by law. Possible disclosures include those described in the "Routine Uses" identified in the VA system of records 08VA05, Employee Medical File System Records (Title 38)-VA, and the OPM system of records OPM/GOVT-10, Employee Medical File System Records, published in the Federal Register in accordance with the Privacy Act of 1974. The primary use of this information will be to determine the nature of a medical or physical condition that may affect safe and efficient performance of the work described. Additional potential routine uses of this information include using it to ensure fair and consistent treatment of employees and job applicants, to adjudicate requests to pass over preference eligibles, or to adjudicate claims of discrimination under the Rehabilitation Act of 1973, as amended. Completion of this form is voluntary; however, failure to complete the form may result in no further consideration of an applicant, or a determination that an employee is no longer qualified for his or her position. In addition, incomplete, misleading, or untruthful information provided on the form may result in delays in processing the form for employment, termination of employment, or criminal sanction. If you give VA your social security number, VA will use it to obtain information relevant to determining eligibility for employment and for other purposes authorized or required by law.

PRE-PLACEMENT MEDICAL EVALUATION: Medical evaluations are conducted for those applicants, transfers, or courtesy applicant requests who do not have medical standards or physical requirements. These evaluations are limited to an immunization review and tuberculosis (TB) screening for health care personnel. This request is not to be used for *individuals* that require a pre-placement medical examination/physical. *Only use OF-178 for pre-placement medical examinations/physicals.*

This request should be initiated by Human Resources to the EOH department at least 5 days prior to the applicant's desired arrival date. A courtesy pre-placement medical evaluation request at the applicant's nearest VHA health care facility is required for those applicants who do not require a pre-placement examination/physical and for all other VHA individuals who will be assigned to work in a VHA health care facility and meet the definition of health care personnel.

PART A: HR COMPLETE APPLICANT INFORMATION

1. NAME (<i>Last, First, Middle Initial</i>):		2. SOCIAL SECURITY NUMBER:	3. DATE OF BIRTH (<i>MM/DD/YYYY</i>):
4. SEX: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. POSITION TITLE:	6. SERIES & GRADE:	7. SERVICE:
8. GAINING DUTY LOCATION:		9. PHONE NUMBER:	10. EMAIL ADDRESS:
11. DESIRED REPORTING DATE FOR EVALUATION (<i>MM/DD/YYYY</i>):	12. DESIRED LOCATION FOR EVALUATION:		<input type="checkbox"/> Courtesy Req. Needed

NOTE: HR will provide the applicant with instructions to report directly to Employee Occupational Health (EOH).

ACTION FOR VHA TRANSFERS:

1. IS EMPLOYEE A VHA TRANSFER: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES IF YES, LOSING FACILITY NAME AND POC(s):

NOTE: The gaining and losing EOH staff will collaborate to exchange pre-placement medical evaluation information.

2. LOSING FACILITY HR POC(s) (<i>Name & Number</i>):
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PART B: EMPLOYEE OCCUPATIONAL HEALTH COMPLETE

1. TUBERCULOSIS SCREENING CONDUCTED DATE (<i>MM/DD/YYYY</i>):	2. TUBERCULOSIS SCREENING COMPLETED DATE (<i>MM/DD/YYYY</i>):
3. IMMUNIZATION REVIEW COMPLETED DATE (<i>MM/DD/YYYY</i>):	
4. PRE-PLACEMENT MEDICAL EVALUATION COMPLETED. Has this individual completed all requirements for this medical pre-placement evaluation request? <input type="checkbox"/> NO <input type="checkbox"/> YES	
5. NAME & TITLE OF EOH PHYSICIAN OR OTHER LICENSED HEALTH CARE PROFESSIONAL (<i>PLHCP</i>) OR DESIGNEE:	
6. EOH PLHCP SIGNATURE:	7. DATE SIGNED (<i>MM/DD/YYYY</i>):