

PRE-PLACEMENT PHYSICALS

EASY AS 1-2-3

1 COMPLETE THE PRE-PLACEMENT PHYSICAL AUTHORIZATION FORM

After a conditional offer of employment has been provided to a prospective employee, Members must complete The Trust's [Pre-Placement Physical Authorization Form](#) and select the appropriate high risk category for testing.

2 CONTACT THE PROVIDER TO SCHEDULE THE PHYSICAL EXAM

Once the Authorization Form is completed, Members need to contact one of the participating medical providers* below to schedule the Pre-Placement Physical examination.

Concentra Urgent Care
290 Branch Ave
Providence, RI 02904
(401) 722-8880

Concentra Urgent Care
400 Bald Hill Rd
Warwick, RI 02888
(401) 738-8100

Landmark Occupational Health
20 Cumberland Hill Rd, Ste 103
Woonsocket, RI 02895
(401) 767-1594

Southcoast Health
Truesdale Clinic
1030 President Ave, Ste 107
Fall River, MA 02720
(508) 973-7044

**Use of different provider and/or location is not permitted under the Program and costs will not be covered by The Trust*

3 SEND THE PROSPECTIVE EMPLOYEE, WITH THE FORM, TO THE EXAM

Members must provide The Trust's Pre-Placement Physical Authorization Form to the medical provider in advance and provide a copy to the prospective employee to bring with them to the exam.

- Results for the Pre-Placement Physical exam will be provided directly to the referring Member.
- The costs of any drug screens or follow-up examinations or procedures, other than the initial Pre-Placement Physical exam, shall be the responsibility of the Member.

Most positions require the testing and performance of physical tasks during the Pre-Placement Physical exam. Prospective employees should wear comfortable clothing and proper footwear (no open-toed shoes).

No other person, including family members, will be allowed entrance into the testing area. The prospective employee must plan for this accordingly.



PRE-PLACEMENT PHYSICAL EXAM AUTHORIZATION FORM

INSTRUCTIONS FOR MEMBERS: The Trust Member Contact authorized to request Pre-Placement Physical (PPP) Exams shall complete sections 1, 2 & 3 of this form, then contact a Participating Provider to schedule an appointment (walk-ins are not permitted). Provide this form to the Participating Provider when scheduling the appointment AND provide a copy to the applicant. Please note, PPP Exams are conducted only after a contingent offer of employment has been made to, and accepted by, the applicant. Please be sure to receive and review the results of the PPP Exam prior to having the applicant start in their role. Please do not use this form to request testing outside of The Trust's PPP Program and/or with a non-participating provider/location.

1. **APPLICANT FULL NAME:** _____
POSITION APPLYING FOR: _____
MEMBER NAME: _____

2. **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, Hepatitis B & C Titer, Blood Type	<input checked="" type="checkbox"/> Blood Testing General Health Panel, Hepatitis B & C Titer
<input type="checkbox"/> Drug Test (non-DOT) <i>(Member Billed Separately)</i>	<input checked="" type="checkbox"/> Audiogram	<input checked="" type="checkbox"/> Audiogram
<input type="checkbox"/> DOT "Pre-Employment" Drug Test <i>(DOT/FMCSA Authorization for Drug Testing Form is required to perform this test)</i> <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 Test (non-DOT) <i>(Member Billed Separately)</i>	<input type="checkbox"/> Drug Test (non-DOT) <i>(Member Billed Separately)</i>
	<input type="checkbox"/> Police Functional Performance Assessment (Lateral Hires Only)	

***Standard High-Risk Exam Only:** You must identify (check the corresponding box below) which position category best describes the position the applicant is applying for, so 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"/> Custodian/Facility Maintenance	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> School Nurse
<input type="checkbox"/> Fire Alarm (non-Firefighter)	<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

3. **REQUESTOR'S NAME:** _____
REQUESTOR'S TITLE: _____
REQUESTOR'S SIGNATURE: _____ **DATE:** _____

PROGRAM QUESTIONS: Trust Members and Participating Providers can contact Michael McMahon, Injury Prevention Specialist with The Trust's Loss Prevention Department mmcmahon@ritrust.com or (401) 438-6511 ext. 5531. Please refer to The Trust's PPP Brochure for full Program details and a list of current Participating Providers.

INVOICE QUESTIONS: Participating Providers can contact Michael McMahon, Injury Prevention Specialist with The Trust's Loss Prevention Department mmcmahon@ritrust.com or (401) 438-6511 ext. 5531.

SUBMIT INVOICE: Please email invoices to accountspayable@ritrust.com and cc mmcmahon@ritrust.com and slocke@ritrust.com.

APPLICANT INSTRUCTIONS: Important - Please read carefully before reporting for the PPP Exam appointment.

- Please bring a copy of this form (and a copy of the DOT/FMCSA Authorization for Drug Testing Form if this test has been selected above).
- Please bring your current Government Issued photo ID.
- Please wear comfortable clothing and proper footwear suitable for physical testing.
- If you wear eyeglasses/contacts, please bring them with you.
- No other person/party is permitted to observe or take part in any element of the Pre-Placement Physical Exam.
- Even with an appointment, there may be a wait. The PPP Exam may take a few hours to complete, please plan accordingly.
- **Police and Fire/Rescue Only:**
 - Avoid loud environments for 14 hours before your appointment.
 - It is not required to fast in advance of your bloodwork, but the results are most accurate if you fast for 8 hours.
 - 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 - and additional costs will apply.