

PRE-PLACEMENT TEST
City of Grand Junction

LOCATION OF TEST:



NAME: _____ DOB: _____ PHONE: _____

EMAIL: _____ POSITION TITLE: _____

Tests to be conducted (Check all that apply)

Urine Drug Screen ☐

Vision Test Required ☐

Simple Physical ☐

- includes audio matrix booth
- Includes lifting evaluation- floor to waist; _____ 50 lbs, _____ 100 lbs _____ 75 lbs _____ 20 lbs
_____ 30 lbs

DOT Physical ☐

- includes DOT drug screen
- includes DOT paperwork required to receive CDL card
- includes audio matrix booth
- includes lifting evaluation floor to waist; _____ 50 lbs, _____ 100 lbs

Audio matrix booth ☐

Ishihara eye exam ☐

(Color blind test)

Hepatitis A ☐

Hepatitis B ☐

TB Test (PPD) ☐

Medical Qual for Respirator Use ☐

Pulmonary Function Test (PFT) ☐

Test Date: _____ Test Time: _____ Drug results: Negative or Positive _____

Date

NOTIFY OF RESULTS:

Human Resources (970) 244-1512
City of Grand Junction
250 North 5th Street
Grand Junction, CO 81501
CONFIDENTIAL FAX: (970) 256-4007

Organization: _____ City of Grand Junction

Supervisor Name: _____ Phone: (970) 244-1512