

**RESIG – POST OFFER/PRE-PLACEMENT (POPP) PROGRAM**  
**SCHOOL DISTRICT**

The following information should be provided to Kaiser Occupational Medicine for each employee requiring a post offer/pre-placement evaluation prior to scheduling an appointment. **Please fax this form to the Kaiser Occupational Health appointment desk @ 566-5536 (Santa Rosa), 206-3093 (Rohnert Park) or 765-3808 (Petaluma)** to request an appointment for your employee. Kaiser will use the information to quickly set up a Kaiser File number for this person. If the person is a Kaiser member, please place their member number below. This will serve as the file number.

Following this, we will call you to set up an appointment or you may call the **appointment desk @ 566-5550 (Santa Rosa), 206-3091 (Rohnert Park) or 765-3800 (Petaluma)** to schedule an appointment for the applicant. If you have any questions regarding the status of an exam that is in-progress, please call the Occupational Health Department @ 415-444-4753 (Petaluma) 566-5550 (Santa Rosa) or 206-3091 (Rohnert Park).

Kaiser Membership Number: \_\_\_\_\_

Applicant for Job Title: \_\_\_\_\_

Name: \_\_\_\_\_ (last, first, M initial)

Maiden Name: \_\_\_\_\_ (female)

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ (city) \_\_\_\_\_ (state,zip code)

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Date & Time (desired) \_\_\_\_\_ (We will attempt to accommodate)

Contact: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Department Fax: \_\_\_\_\_