|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Company /Job Site:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Contact Name:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Social Security #:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Job Number:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Injury Treatment:** | Type: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Physical Exam:** | | DOT | | Non-DOT | | HAZMAT | | | | Asbestos | | | Operator |
| Pre-Placement | | Annual | | Semi-Annual | | | | Re-Certification | | | Other \_\_\_\_\_\_\_ |
|  | | | | | | | | | | | |
| **Physical Performance Test:** | | | | Pre-Placement | | | | | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | | | | | | | | | | | | | |
| **Breath Alcohol:** | | | | DOT | | | | | Non-DOT | | | | |
|  | | | | | | | | | | | | | |
| **Drug Screen:** | Quick (Urine) | | | Non-DOT (Urine) | | | | DOT (Urine) | | | | | |
|  | 5 Panel | | | Pre-Placement | | | | FMSCA | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | 10 Panel | | | Random | | | | PHMSA | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | 12 Panel | | | Post-Accident | | | | USCG | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | Synthetic Marijuana | | | | | | Synthetic Opioid | | | | | |
|  | | | | | | | | | | | | | |
| **Hair Test: Prime Hair Test (5 Panel) Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  | | | **DISA:** | Pre-Placement | BAT (Non-DOT) | **BAT (**DOT) | | |  | Random | Urine (Not-DOT) | Urine (DOT) | |  | Post Accident | FMCSA | PHMSA | |  | Hair |  | USCG  DISA Policy/Account:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Respirator Fit Test:** | | | Qua**l**itative | | | | | Quan**ti**tative (PortaCount) | | | | | |
|  | | |  | | | | |  | | | | | |
| Mask #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Mask #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Mask #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | | |  | | | | | | |  | |
| **Pulmonary Function Test** | | | | | | | **Medical Record Evaluation** | | | | | | |
| **Audiogram** (add STS Comparison? Yes  No ) | | | | | | | **Titmus Vision Testing** | | | | | | |
| **Return to Work Clearance** | | | | | | | **Fit for Duty Clearance** | | | | | | |
| **Safety Evaluation** | | | | | | |  | | | | | | |
| **TB Skin Test** (Employee must be able to return to the clinic within 2 days to have test read) | | | | | | | | | | | | | |
| **Laboratory Tests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | |
| **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | **(\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **Authorized Signature** | | | | | | | **Phone Number** | | | | | | |