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

|  |  |
| --- | --- |
|  **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** |