

Luke P. Lee, MD, MPH, CIME
Board Certified Occupational Medicine
Corporate Medical Director

- 3515 LA Highway 1 S, Port Allen, LA 70767
- 15475 Airline Highway, Baton Rouge, LA 70817
- 2840 Florida Blvd, Baton Rouge, LA 70802
- 3584 West Airline Highway, Reserve, LA 70084
- 303 W. Judge Perez, Chalmette, LA 70043
- 106 Heritage Pkwy, Broussard, LA 70518
- 2492 S Cities Hwy Suite 1, Sulphur, LA 70663
- 4404 N Main St Baytown, TX 77521

- portallen@primeoccmcd.com
- batonrouge@primeoccmcd.com
- midcityoccmcd@patientplusuc.com
- reserve@primeoccmcd.com
- chalmette@primeoccmcd.com
- lafayette@primeoccmcd.com
- sulphur@primeoccmcd.com
- northmainbaytown@primeoccmcd.com

Employee Name: _____

Date: _____

Company /Job Site: _____

Contact Name: _____

Social Security #: _____

Job Number: _____

Injury Treatment: Type: _____

Physical Exam:

<input type="checkbox"/> DOT	<input type="checkbox"/> Non-DOT	<input type="checkbox"/> HAZMAT	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Operator
<input type="checkbox"/> Pre-Placement	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Re-Certification	<input type="checkbox"/> Other _____

Physical Performance Test: Pre-Placement Other _____

Breath Alcohol: DOT Non-DOT

Drug Screen:

<input type="checkbox"/> Quick (Urine)	<input type="checkbox"/> Non-DOT (Urine)	<input type="checkbox"/> DOT (Urine)	
<input type="checkbox"/> 5 Panel	<input type="checkbox"/> Pre-Placement	<input type="checkbox"/> FMSCA	<input type="checkbox"/> Other: _____
<input type="checkbox"/> 10 Panel	<input type="checkbox"/> Random	<input type="checkbox"/> PHMSA	<input type="checkbox"/> Other: _____
<input type="checkbox"/> 12 Panel	<input type="checkbox"/> Post-Accident	<input type="checkbox"/> USCG	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Synthetic Marijuana		<input type="checkbox"/> Synthetic Opioid	

Hair Test: **Prime Hair Test (5 Panel)** **Other** _____

DISA:

<input type="checkbox"/> Pre-Placement	<input type="checkbox"/> BAT (Non-DOT)	<input type="checkbox"/> BAT (DOT)
<input type="checkbox"/> Random	<input type="checkbox"/> Urine (Not-DOT)	<input type="checkbox"/> Urine (DOT)
<input type="checkbox"/> Post Accident	<input type="checkbox"/> FMCSA	<input type="checkbox"/> PHMSA
		<input type="checkbox"/> USCG
<input type="checkbox"/> Hair		<input type="checkbox"/> DISA Policy/Account: _____

Respirator Fit Test: Qualitative Quantitative (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