

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

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Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Company: \_\_\_\_\_ 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:                       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