

**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:**

<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"/> Hair	<input type="checkbox"/> USCG
		<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