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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