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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
 - USCG
 - Hair
 - DISA Policy/Account: _____
- Respirator Fit Test:
 - Qualitative
 - Quantitative (PortaCount)

Mask #1: _____ Mask #2: _____ Mask #3: _____
- Pulmonary Function Test
- Audiogram (add STS Comparison? Yes No)
- Return to Work 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