

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

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|---|---------------------------|
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| <input type="checkbox"/> 15475 Airline Highway, Baton Rouge, LA 70817 | batonrouge@primeocmed.com |
| <input type="checkbox"/> 3584 West Airline Highway, Reserve, LA 70084 | reserve@primeocmed.com |
| <input type="checkbox"/> 303 W. Judge Perez, Chalmette, LA 70043 | chalmette@primeocmed.com |
| <input type="checkbox"/> 185 S. Beadle Rd., Lafayette, LA 70508 | lafayette@primeocmed.com |
| <input checked="" type="checkbox"/> 950 Beglis Pkwy Sulphur, LA 70663 | beglis@primeocmed.com |
| <input type="checkbox"/> 2492 S Cities Hwy Suite 1, Sulphur, LA 70663 | sulphur@primeocmed.com |

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:**

<input type="checkbox"/> Pre-Placement	<input type="checkbox"/> Other _____
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- Breath Alcohol:**

<input type="checkbox"/> DOT	<input type="checkbox"/> Non-DOT
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- 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:**

<input type="checkbox"/> Prime Hair Test (5 Panel)	<input type="checkbox"/> Other _____
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- 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:**

<input type="checkbox"/> Qualitative	<input type="checkbox"/> Quantitative (PortaCount)
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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
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