**Clinic Hours:**
Mon – Fri: 8:00am to 6:00pm  
Sat: 8:00am to 12:00pm

*Last “Drug Screen” one hour prior to closing*

**Please check one of the following:**
- ☐ Follow the procedures per the original *Company Profile*
- ☐ Follow the specific procedures checked on this (fill out form completely)

**Please indicate procedures:**
- ☐ Diagnosis & Treatment (Injury Treatment)
- ☐ Respirator Clearance
  - ☐ Respirator Certification
  - ☐ SCBA Required
  - ☐ Spirometry / PFT
  - ☐ Fit Testing
    - ☐ 1 mask type: Full
    - ☐ 2 mask type: Full
    - ☐ 3 mask type: Full
- ☐ Audiometric Testing
- ☐ Standard Threshold Shift (STS)
- ☐ Screenings
  - ☐ Blood Lead w/ ZPP
  - ☐ Blood Lead
  - ☐ Hepatitis B Titer
  - ☐ TB Skin Test (PPD)
  - ☐ Chest X-Ray (2 views)
  - ☐ Chest X-Ray (2 views with “B” Reading)
- ☐ Immunizations
  - ☐ Hepatitis B Series
  - ☐ Tetanus
  - ☐ Flu
- ☐ Physicals / Assessments
  - ☐ Executive Physical (by appointment)
  - ☐ Return to Work
  - ☐ DOT
  - ☐ Pre-Employment
  - ☐ General (non-DOT)
  - ☐ Annual
  - ☐ Health Questionnaire
  - ☐ Other:
  - ☐ Job Demand Analysis / Ergonomics
  - ☐ Back Lift Test _______lbs.
- ☐ Drug Screens
  - ☐ Comp Care is the Medical Review Officer (MRO)
  - ☐ Collection Only ____DOT _____non-DOT
  - ☐ Pre-Employment
  - ☐ Random
  - ☐ Post Accident
  - ☐ Probable Cause
  - ☐ Return to Duty
  - ☐ Follow-Up
    - ☐ DOT 5 Panel
    - ☐ Non DOT 5 Panel
    - ☐ Non DOT 10 Panel
    - ☐ Non DOT 10 Panel /urine alcohol
    - ☐ Test Cup (quick test)
    - ☐ 5 Panel
    - ☐ 10 Panel
    - ☐ Hair Test (10 panel)
    - ☐ Hair Test (5 panel)
- ☐ Breath Alcohol Test ____DOT _____non-DOT
- ☐ Additional Services