

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____

Date of Birth (mm-dd-yyyy): _____

Social Security Number: _____

Phone - cell: _____

Phone - alternate: _____

Address: _____

City, State, Zip: _____

Preferred Location: ☐ Billings ☒ Helena

Availability (within next two weeks): _____

Purpose: ☐ Pre-Placement ☒ Annual ☐ Other _____ (specify)

Type: ☒ Evaluation ☐ Examination

Components: ☐ Immunity Panel ☐ T-Spot TB Screening
☐ Urine Drug Screen

Special Job Titles: ☐ Boiler Plant Operator
☐ Firefighter ☐ Police Officer
☒ Motor Vehicle Operator & Incidental Driver

Other: ☐ _____

Montana VA HCS Signature: _____

Authorized Fee: 1/15/2019

Date Request to COMS: _____

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____

Date of Birth (mm-dd-yyyy): _____

Social Security Number: _____

Phone - cell: _____

Phone - alternate: _____

Address: _____

City, State, Zip: _____

Preferred Location: ☒ Billings ☐ Helena

Availability (within next two weeks): _____

Purpose: ☐ Pre-Placement ☐ Annual ☒ Other tspot
(specify)

Type: ☐ Evaluation ☐ Examination

Components: ☐ Immunity Panel ☒ T-Spot TB Screening
☐ Urine Drug Screen

Special Job Titles: ☐ Boiler Plant Operator
☐ Firefighter ☐ Police Officer
☐ Motor Vehicle Operator & Incidental Driver

Other: ☒ Billings CBOC

Montana VA HCS Signature: _____

Authorized Fee: \$154.24

Date Request to COMS: _____

Exp: 1/31/19.

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

Phone - alternate:

Address:

City, State, Zip:

Preferred Location:

☐

Billings

☐

Helena

☒ Kalispell

Availability (within next two weeks):

Available: Daily 10:00 am - 12 noon

Purpose:

☐

Pre-Placement

☒

Annual

☐

Other

(specify)

Type:

☐

Evaluation

☒

Examination

Components:

☐

Immunity Panel

☐

T-Spot TB Screening

☐

Urine Drug Screen

Special Job Titles:

☐

Boiler Plant Operator

☐

Firefighter

☐

Police Officer

☒

Motor Vehicle Operator & Incidental Driver

Other:

☐

Montana VA HCS Signature:

Authorized Fee:

Date Request to COMS:

Exp: 3-3-19

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____

Date of Birth (mm-dd-yyyy): _____

Social Security Number: _____

Phone - cell: _____

Phone - alternate: _____

Address: _____

City, State, Zip: _____

Preferred Location: ☐ Billings ☒ Helena

Availability (within next two weeks): _____

Purpose: ☐ Pre-Placement ☒ Annual ☐ Other _____ (specify)

Type: ☐ Evaluation ☒ Examination

Components: ☐ Immunity Panel ☐ T-Spot TB Screening
☐ Urine Drug Screen

Special Job Titles: ☐ Boiler Plant Operator
☐ Firefighter ☐ Police Officer
☒ Motor Vehicle Operator & Incidental Driver

Other: ☐ _____

Montana VA HCS Signature: [Signature]

Authorized Fee: \$455.00

Date Request to COMS: _____

Exp: 3-7-19

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

Phone - alternate:

Address:

City, State, Zip:

Preferred Location:

☐

Billings

☐

Helena

☒

Kalispell

Availability (within next two weeks):

Available: Anytime

Purpose:

☐

Pre-Placement

☒

Annual

☐

Other

(specify)

Type:

☐

Evaluation

☒

Examination

Components:

☐

Immunity Panel

☐

T-Spot TB Screening

☐

Urine Drug Screen

Special Job Titles:

☐

Boiler Plant Operator

☐

Firefighter

☐

Police Officer

☒

Motor Vehicle Operator & Incidental Driver

Other:

☐

Montana VA HCS Signature:

Authorized Fee:

Date Request to COMS:

Exp. 3-7-19

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
Date of Birth (mm-dd-yyyy): _____
Social Security Number: _____
Phone - cell: _____
Phone - alternate: _____
Address: _____
City, State, Zip: _____
Preferred Location: ☐ Billings ☒ Helena
Availability (within next two weeks): Available: Mon, Tue, Wed or Fri

Purpose: ☐ Pre-Placement ☒ Annual ☐ Other _____
(specify)
Type: ☐ Evaluation ☒ Examination

Components: ☐ Immunity Panel ☐ T-Spot TB Screening
☐ Urine Drug Screen

Special Job Titles: ☐ Boiler Plant Operator
☐ Firefighter ☐ Police Officer
☒ Motor Vehicle Operator & Incidental Driver
Other: ☐ _____

Montana VA HCS Signature: [Signature]Authorized Fee: \$455.00

Date Request to COMS: _____

Exp: 3-12-19

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
Date of Birth (mm-dd-yyyy): _____
Social Security Number: _____
Phone - cell: _____
Phone - alternate: _____
Address: _____
City, State, Zip: _____

Preferred Location: ☒ Billings ☐ Helena

Availability (within next two weeks): _____
Available: Mon, Tue & Thur Morning Appts / Out of Town 2/5 to 2/26

Purpose: ☐ Pre-Placement ☒ Annual ☐ Other _____
(specify)

Type: ☐ Evaluation ☒ Examination

Components: ☐ Immunity Panel ☐ T-Spot TB Screening
☐ Urine Drug Screen

Special Job Titles: ☐ Boiler Plant Operator
☐ Firefighter ☐ Police Officer
☒ Motor Vehicle Operator & Incidental Driver

Other: ☐ _____

Montana VA HCS Signature: _____
Authorized Fee: \$455.00
Date Request to COMS: _____

Exp: 3-12-19

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
Date of Birth (mm-dd-yyyy): _____
Social Security Number: _____
Phone - cell: _____
Phone - alternate: _____
Address: _____
City, State, Zip: _____
Preferred Location: ☒ Billings ☐ Helena
Availability (within next two weeks): Available: Anytime _____

Purpose: ☐ Pre-Placement ☒ Annual ☐ Other _____
(specify)
Type: ☐ Evaluation ☒ Examination

Components: ☐ Immunity Panel ☐ T-Spot TB Screening
☐ Urine Drug Screen

Special Job Titles: ☐ Boiler Plant Operator
☐ Firefighter ☐ Police Officer
☒ Motor Vehicle Operator & Incidental Driver

Other: ☐ _____

Montana VA HCS Signature: _____

Authorized Fee: \$455.00

Date Request to COMS: _____

Exp: 3-12-19

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____

Date of Birth (mm-dd-yyyy): _____

Social Security Number: _____

Phone - cell: _____

Phone - alternate: _____

Address: _____

City, State, Zip: _____

Preferred Location: ☒ Billings ☐ Helena

Availability (within next two weeks): _____

Purpose: ☐ Pre-Placement ☒ Annual ☐ Other _____ (specify)

Type: ☐ Evaluation ☒ Examination

Components: ☐ Immunity Panel ☐ T-Spot TB Screening
☐ Urine Drug Screen

Special Job Titles: ☐ Boiler Plant Operator
☐ Firefighter ☐ Police Officer
☒ Motor Vehicle Operator & Incidental Driver

Other: ☐ _____

Montana VA HCS Signature: _____

Authorized Fee: \$455.00

Date Request to COMS: _____

Exp: 3-12-19

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____

Date of Birth (mm-dd-yyyy): _____

Social Security Number: _____

Phone - cell: _____

Phone - alternate: _____

Address: _____

City, State, Zip: _____

Preferred Location: ☒ Billings ☐ Helena

Availability (within next two weeks): Out of town during the month of February 2019

Purpose: ☐ Pre-Placement ☒ Annual ☐ Other _____ (specify)

Type: ☐ Evaluation ☒ Examination

Components: ☐ Immunity Panel ☐ T-Spot TB Screening
☐ Urine Drug Screen

Special Job Titles: ☐ Boiler Plant Operator
☐ Firefighter ☐ Police Officer
☒ Motor Vehicle Operator & Incidental Driver

Other: ☐ _____

Montana VA HCS Signature: \$455.00

Authorized Fee: 22

Date Request to COMS: _____

Exp 3-14-19

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
Date of Birth (mm-dd-yyyy): _____
Social Security Number: _____
Phone - cell: _____
Phone - alternate: _____
Address: _____
City, State, Zip: _____
Preferred Location: ☒ Billings ☐ Helena
Availability (within next two weeks): Available: Anytime

Purpose: ☐ Pre-Placement ☒ Annual ☐ Other _____
(specify)
Type: ☐ Evaluation ☒ Examination

Components: ☐ Immunity Panel ☐ T-Spot TB Screening
☐ Urine Drug Screen

Special Job Titles: ☐ Boiler Plant Operator
☐ Firefighter ☐ Police Officer
☒ Motor Vehicle Operator & Incidental Driver

Other: ☐ _____

Montana VA HCS Signature: _____

Authorized Fee: \$455.00

Date Request to COMS: _____

Exp 3-14-19

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
 Date of Birth (mm-dd-yyyy): _____
 Social Security Number: _____
 Phone - cell: _____
 Phone - alternate: _____
 Address: _____
 City, State, Zip: _____

Preferred Location: ☐ Billings ☐ Helena ☒ Kalispell

Availability (within next two weeks): Available: Mondays & Thursdays

Purpose: ☐ Pre-Placement ☒ Annual ☐ Other _____
 (specify)

Type: ☐ Evaluation ☒ Examination

Components: ☐ Immunity Panel ☐ T-Spot TB Screening
☐ Urine Drug Screen

Special Job Titles: ☐ Boiler Plant Operator
☐ Firefighter ☐ Police Officer
☒ Motor Vehicle Operator & Incidental Driver

Other: ☐ _____

Montana VA HCS Signature: _____

Authorized Fee: \$455.50

Date Request to COMS: _____

Exp 3-14-19

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
Date of Birth (mm-dd-yyyy): _____
Social Security Number: _____
Phone - cell: _____
Phone - alternate: _____
Address: _____
City, State, Zip: _____

Preferred Location: ☐ Billings ☒ Helena

Availability (within next two weeks): Available: Mon & Fri

Purpose: ☐ Pre-Placement ☒ Annual ☐ Other _____
(specify)

Type: ☐ Evaluation ☒ Examination

Components: ☐ Immunity Panel ☐ T-Spot TB Screening
☐ Urine Drug Screen

Special Job Titles: ☐ Boiler Plant Operator
☐ Firefighter ☐ Police Officer
☒ Motor Vehicle Operator & Incidental Driver

Other: ☐ _____

Montana VA HCS Signature: _____
Authorized Fee: \$455.00
Date Request to COMS: _____

Exp. 3-14-19

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
Date of Birth (mm-dd-yyyy): _____
Social Security Number: _____
Phone - cell: _____
Phone - alternate: _____
Address: _____
City, State, Zip: _____
Preferred Location: ☐ Billings ☒ Helena
Availability (within next two weeks): Available: Anytime

Purpose: ☐ Pre-Placement ☒ Annual ☐ Other _____
(specify)
Type: ☐ Evaluation ☒ Examination

Components: ☐ Immunity Panel ☐ T-Spot TB Screening
☐ Urine Drug Screen

Special Job Titles: ☐ Boiler Plant Operator
☐ Firefighter ☐ Police Officer
☒ Motor Vehicle Operator & Incidental Driver

Other: ☐ _____

Montana VA HCS Signature: _____

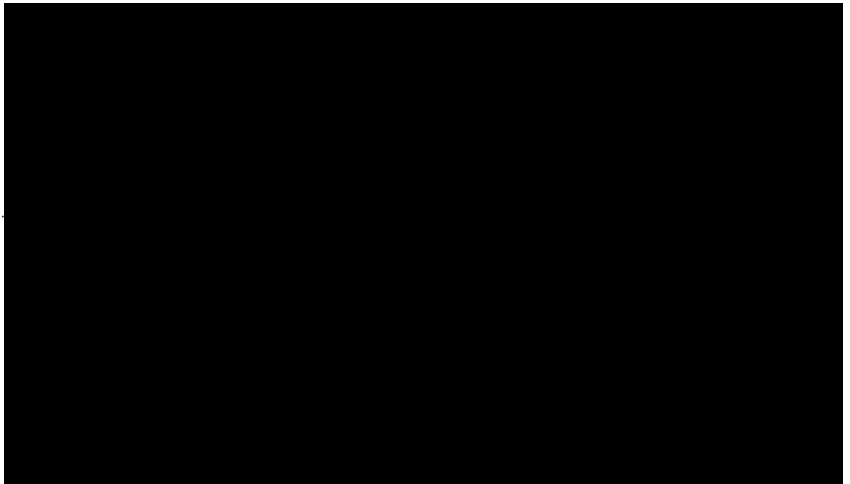
Authorized Fee: \$455.00

Date Request to COMS: _____

Exp 3-21-19

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle):
 Date of Birth (mm-dd-yyyy):
 Social Security Number:
 Phone - cell:
 Phone - alternate:
 Address:
 City, State, Zip:



Preferred Location:



Billings



Helena

Availability (within next two weeks):

Available: Anytime

Purpose:



Pre-Placement



Annual



Other

(specify)

Type:



Evaluation



Examination

Components:



Immunity Panel



T-Spot TB Screening



Urine Drug Screen

Special Job Titles:



Boiler Plant Operator



Firefighter



Police Officer



Motor Vehicle Operator & Incidental Driver

Other:



Montana VA HCS Signature:

Authorized Fee:

Date Request to COMS:

Exp 3-21-19

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
Date of Birth (mm-dd-yyyy): _____
Social Security Number: _____
Phone - cell: _____
Phone - alternate: _____
Address: _____
City, State, Zip: _____
Preferred Location: ☐ Billings ☒ Helena
Availability (within next two weeks): Available: Anytime

Purpose: ☐ Pre-Placement ☒ Annual ☐ Other _____
(specify)
Type: ☐ Evaluation ☒ Examination

Components: ☐ Immunity Panel ☐ T-Spot TB Screening
☐ Urine Drug Screen

Special Job Titles: ☐ Boiler Plant Operator
☐ Firefighter ☐ Police Officer
☒ Motor Vehicle Operator & Incidental Driver

Other: ☐ _____

Montana VA HCS Signature: [Signature]

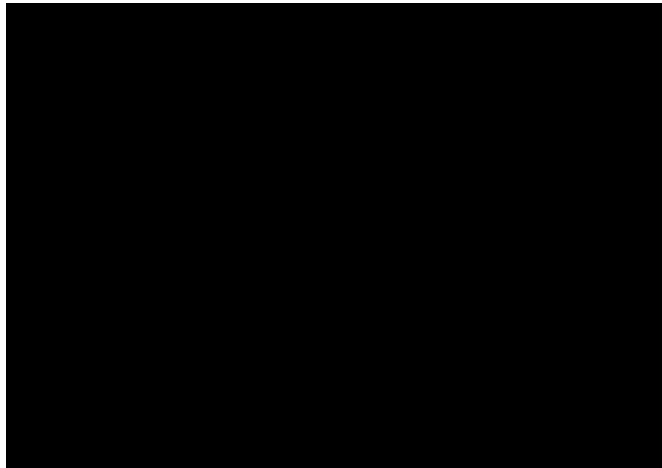
Authorized Fee: \$455.00

Date Request to COMS: _____

Exp: 3-26-19

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle):
Date of Birth (mm-dd-yyyy):
Social Security Number:
Phone - cell:
Phone - alternate:
Address:
City, State, Zip:



Preferred Location:



Billings



Helena



Kalispell

Availability (within next two weeks):

Volunteer is having hip replacement surgery on 1/28 and will have a 4-6 week recovery

Purpose:



Pre-Placement



Annual



Other

(specify)

Type:



Evaluation



Examination

Components:



Immunity Panel



T-Spot TB Screening



Urine Drug Screen

Special Job Titles:



Boiler Plant Operator



Firefighter



Police Officer



Motor Vehicle Operator & Incidental Driver

Other:



Montana VA HCS Signature:

Authorized Fee:

\$455.00

Date Request to COMS:

Exp: 3-26-19

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____

Date of Birth (mm-dd-yyyy): _____

Social Security Number: _____

Phone - cell: _____

Phone - alternate: _____

Address: _____

City, State, Zip: _____

Preferred Location: ☐ Billings ☐ Helena ☒ Kalispell

Availability (within next two weeks): Available: Mon, Wed, & Fri Afternoons

Purpose: ☐ Pre-Placement ☒ Annual ☐ Other _____ (specify)

Type: ☐ Evaluation ☒ Examination

Components: ☐ Immunity Panel ☐ T-Spot TB Screening
☐ Urine Drug Screen

Special Job Titles: ☐ Boiler Plant Operator
☐ Firefighter ☐ Police Officer
☒ Motor Vehicle Operator & Incidental Driver

Other: ☐ _____

Montana VA HCS Signature: _____

Authorized Fee: \$455.00

Date Request to COMS: _____

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
Date of Birth (mm-dd-yyyy): _____
Social Security Number: _____
Phone - cell: _____
Phone - alternate: _____
Address: _____
City, State, Zip: _____
Preferred Location: ☐ Billings ☒ Helena
Availability (within next two weeks): Available: Thursdays

Purpose: ☐ Pre-Placement ☒ Annual ☐ Other _____
(specify)
Type: ☐ Evaluation ☒ Examination

Components: ☐ Immunity Panel ☐ T-Spot TB Screening
☐ Urine Drug Screen

Special Job Titles: ☐ Boiler Plant Operator
☐ Firefighter ☐ Police Officer
☒ Motor Vehicle Operator & Incidental Driver

Other: ☐ S

Montana VA HCS Signature: [Signature]

Authorized Fee: \$455.00

Date Request to COMS: _____

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____

Date of Birth (mm-dd-yyyy): _____

Social Security Number: _____

Phone - cell: _____

Phone - alternate: _____

Address: _____

City, State, Zip: _____

Preferred Location: ☐ Billings ☒ Helena

Availability (within next two weeks): _____

Purpose: ☐ Pre-Placement ☒ Annual ☐ Other _____ (specify)

Type: ☐ Evaluation ☒ Examination

Components: ☐ Immunity Panel ☐ T-Spot TB Screening
☐ Urine Drug Screen

Special Job Titles: ☐ Boiler Plant Operator
☐ Firefighter ☐ Police Officer
☒ Motor Vehicle Operator & Incidental Driver

Other: ☐ _____

Montana VA HCS Signature: _____

Authorized Fee: \$455.00

Date Request to COMS: _____

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____

Date of Birth (mm-dd-yyyy): _____

Social Security Number: _____

Phone - cell: _____

Phone - alternate: _____

Address: _____

City, State, Zip: _____

Preferred Location: ☐ Billings ☒ Helena

Availability (within next two weeks): Available: Anytime

Purpose: ☒ Pre-Placement ☐ Annual ☐ Other _____ (specify)

Type: ☐ Evaluation ☒ Examination

Components: ☐ Immunity Panel ☒ T-Spot TB Screening
☐ Urine Drug Screen

Special Job Titles: ☐ Boiler Plant Operator
☐ Firefighter ☐ Police Officer
☒ Motor Vehicle Operator & Incidental Driver

Other: ☐ _____

Montana VA HCS Signature: [Signature]

Authorized Fee: \$109.24

Date Request to COMS: _____

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
Date of Birth (mm-dd-yyyy): _____
Social Security Number: _____
Phone - cell: _____
Phone - alternate: _____
Address: _____
City, State, Zip: _____
Preferred Location: ☐ Billings ☒ Helena
Availability (within next two weeks): Physical completed review/approval only

Purpose: ☐ Pre-Placement ☒ Annual ☐ Other _____ (specify)
Type: ☒ Evaluation ☐ Examination

Components: ☐ Immunity Panel ☐ T-Spot TB Screening
☐ Urine Drug Screen

Special Job Titles: ☐ Boiler Plant Operator
☐ Firefighter ☐ Police Officer
☒ Motor Vehicle Operator & Incidental Driver
Other: ☐ _____

Montana VA HCS Signature: _____

Authorized Fee:

\$325.00

Date Request to COMS:

2/16/2019

Exp: 3-28-19

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
Date of Birth (mm-dd-yyyy): _____
Social Security Number: _____
Phone - cell: _____
Phone - alternate: _____
Address: _____
City, State, Zip: _____

Preferred Location: ☐ Billings ☐ Helena ☒ Kalispell

Availability (within next two weeks): Available: Anytime

Purpose: ☐ Pre-Placement ☒ Annual ☐ Other _____
(specify)

Type: ☐ Evaluation ☒ Examination

Components: ☐ Immunity Panel ☐ T-Spot TB Screening
☐ Urine Drug Screen

Special Job Titles: ☐ Boiler Plant Operator
☐ Firefighter ☐ Police Officer
☒ Motor Vehicle Operator & Incidental Driver
Other: ☐ _____

Montana VA HCS Signature: _____

Authorized Fee: \$455.00

Date Request to COMS: _____

Exp: 3-28-19

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
Date of Birth (mm-dd-yyyy): _____
Social Security Number: _____
Phone - cell: _____
Phone - alternate: _____
Address: _____
City, State, Zip: _____
Preferred Location: ☐ Billings ☒ Helena
Availability (within next two weeks): Available: Mon, Tue, Wed & Fri

Purpose: ☐ Pre-Placement ☒ Annual ☐ Other _____
Type: ☐ Evaluation ☒ Examination (specify)

Components: ☐ Immunity Panel ☐ T-Spot TB Screening
☐ Urine Drug Screen

Special Job Titles: ☐ Boiler Plant Operator
☐ Firefighter ☐ Police Officer
☒ Motor Vehicle Operator & Incidental Driver

Other: ☐ _____

Montana VA HCS Signature: _____

Authorized Fee: \$455.00

Date Request to COMS: _____