Name (last, firs	t middle):		
Date of Birth (mm-	dd-yyyy):		
Social Security	Number:		
Pho	ne - cell:		
Phone - a	alternate:		
	Address:		ı,
	tate, Zip:		
Preferred l		O Pillings	Helena
		Billings	Helena
Availability (within next t	wo weeks):		
Purpose: OPre-	·Placement	Annual	Other
Туре:	luation	Examinat	(specify)
Components:		unity Panel Drug Screen	☐ T-Spot TB Screening
Special Job Titles:	☐ Boile	r Plant Operator	
	☐ Firefig	ghter	☐ Police Officer
	panag		& Incidental Driver
Other:		·	
Montana VA HCS Signatur	gnature:	1	
Authoriz	ed Fee:	1/15/2	.019
Date Request to	COMS:	,	

	٠.		
Name (last, fir	st middle):		
Date of Birth (mm	-dd-yyyy):		
Social Securit	y Number:		
Ph	one - cell:		
Phone -	alternate:		
	Address:		
City, S	State, Zip:		
Preferred		Billings	O Helena
Availability (within next		, S90	Ticicila
, wandomey (within hox	two weeks).		:
Purpose: Pre	-Placement	t () Annual	Other tspot
Type: DEva	aluation	xaminati	(specify)
)		- Landin House	OII
Components:	☐ Immi	unity Panel	T-Spot TB Screening
	_	Drug Screen	T oper 12 corosining
	— 0,111,0	Drug Goleen	
Special Job Titles:	☐ Boile	r Plant Operator	
	☐ Firefi	ghter	☐ Police Officer
	☐ Moto	r Vehicle Operator	& Incidental Driver
Other:		ngs CBOC	
			J.
Montana VA HCS S	gnature:	4	
Authori:	zed Fee: 🤇	154.2	4
Date Request to	COMS:	1	

Name (last, first middle):			_
Date of Birth (mm-dd-yyyy):			_
Social Security Number:			_
Phone - cell:			_
Phone - alternate:			_
Address:			=
City, State, Zip:			-
Preferred Location: Availability (within next two weeks):	O Billings Available: Da	O Helena	alispell
Purpose: OPre-Placement		Other(specify)	
Type: Evaluation	Examinati	ion	
_	nity Panel Drug Screen	☐ T-Spot TB Screening	
Special Job Titles:	Plant Operator		
☐ Firefig		☐ Police Officer	
☑ Motor	Vehicle Operator	& Incidental Driver	
Other:			
Montana VA HCS Signature:	do		
Authorized Fee:	中かち	00	
Date Request to COMS:	· · · · · · · · · · · · · · · · · · ·		

Exp: 3-3-19

Name (last, first	middle):		
Date of Birth (mm-c	dd-yyyy):		
Social Security	Number:		
Pho	ne - cell:		
Phone - a	lternate:		
	Address:		
	ate, Zip:	O Pilli	6
Preferred L		Billings	Helena
Availability (within next to	wo weeks):		
Purpose: ()Pre-	Placement	Annual	Other
			(specify)
Type: ()Eval	uation	Examination	n
	п.		П
Components:		ınity Panel	☐ T-Spot TB Screening
	☐ Urine	Drug Screen	
Special Job Titles:	☐ Roile	r Plant Operator	
opedal Job Tides.			П в п ож
	☐ Firefig		☐ Police Officer
	☑ Motor	r Vehicle Operator &	k Incidental Driver
Other:			
<u>Montana VA HCS</u> Sig		9 455,00	
Authoriz	ed Fee:	4 437,00	
Date Request to	COMS:		

Exp: 3-7-19

Name (last, firs	st middle):			
Date of Birth (mm	-dd-yyyy):			
Social Security	Number:			
Pho	one - cell:			<u> </u>
Phone -	alternate:			
	Address:			<u>t.</u>
City, S	State, Zip:			
Preferred	Location:	Billings	O Helena	Kalispell
Availability (within next	two weeks):	Available: A	nytime	
	-Placement duation	Annual Examination	Other(spec	ify)
Components:		unity Panel Drug Screen	☐ T-Spot TB Scre	ening
Special Job Titles:	☐ Firefi	r Plant Operator ghter r Vehicle Operator 8	☐ Police Officer	
Other:				
<u>Montana VA HCS</u> Si Authoria	ignature: zed Fee:	185.00	•	
Date Request to	COMS:			

Exp. 3-7-19

Name (last, first	t middle):	
Date of Birth (mm-	dd-yyyy):	
Social Security	Number:	
Pho	one - cell:	
Phone - a	alternate:	
	Address:	
Citv. S	tate, Zip:	
Preferred I		
Availability (within next t	Available: Mon Tue Wed or Fri	
rttanabity (willin noxi t		
Purpose: OPre-	-Placement	
Type: Eva	(specify) Luation Examination	
•		
Components:	☐ Immunity Panel ☐ T-Spot TB Screening	j
	☐ Urine Drug Screen	
	•	
Special Job Titles:	☐ Boiler Plant Operator	
	☐ Firefighter ☐ Police Officer	
	☑ Motor Vehicle Operator & Incidental Driver	
Other:		
Montana VA HCS Si	gnature:	
Authoriz	zed Fee: \$\\\$5.00	
Date Request to	COMS:	_

Exp. 3-12-19

	•		
Name (las	t, first middle):		
Date of Birth	(mm-dd-yyyy):		
Social Se	curity Number:		
	Phone - cell:		
Pho	ne - alternate:		
	Address:		
(City, State, Zip:		
	erred Location:	Billings	Helena
			r Morning Appts / Out of Town 2/5 to 2/26
Availability (withi	n next two weeks).	-	
Purpose:)Pre-Placement	Annual	Other
Type:	Evaluation	Examination	(specify) n
Components:	☐ lmmu	ınity Panel	☐ T-Spot TB Screening
	-	Drug Screen	
Special Job Title	s: 🛮 Boile	r Plant Operator	
	☐ Firefi	ghter	☐ Police Officer
	☑ Moto	r Vehicle Operator &	Incidental Driver
Ot	her:		
Montana VA HC	S Signature:	2	
Au	uthorized Fee:	\$455.00	
Date Requ	est to COMS:		

Exp: 3-12-19

Name (last, first	middle):		-
Date of Birth (mm-c	ld-yyyy):		****
Social Security	Number:		•
Pho	ne - cell:		
Phone - a	lternate:		
,	\ddress:		
City, St	ate, Zip:		
Preferred L	ocation:	Billings	O Helena
Availability (within next to	vo weeks):	Available: Ar	nytime
-			
Purpose: OPre-l	⊃lacement	: • Annual	Other
Type: OEval	uation	Examination	(specify) on
Components:	lmmu	unity Panel	☐ T-Spot TB Screening
	☐ Urine	Drug Screen	
Special Job Titles:	☐ Boile	r Plant Operator	,
	☐ Firefi	ghter	Police Officer
	☑ Moto	r Vehicle Operator 8	& Incidental Driver
Other:	\square		
<u>Montana VA HCS</u> Sig	nature:	-	
Authorize	ed Fee:	JY55.00	
Date Request to	COMS:		

	1.81			
Name (last, firs	t middle):			
Date of Birth (mm-	dd-yyyy):			
Social Security	Number:		-	
Pho	ne - cell:			
Phone - a	alternate:			
	Address:			
City, S	tate, Zip:			
Preferred I	_ocation:	Billings	O Helena	
Availability (within next t	wo weeks):			
Purpose: Pre-	Placement	Annual	Other(spec	lfv)
Type: OEva	luation	Examinat		.,,,
Components:	_	nity Panel Drug Screen	☐ T-Spot TB Scre	ening
Special Job Titles:	☐ Boiler	Plant Operator		
	☐ Firefig	phter	☐ Police Officer	
	☑ Motor	Vehicle Operator	& Incidental Driver	
Other:	. 🗖			
<u>Montana VA HCS</u> Si Authoriz		\$455.00		
Date Request to	COMS:			

Exp: 3-12-19

Name (last, firs	t middle):			
Date of Birth (mm-	dd-yyyy):			a **
Social Security	Number:			
Pho	one - cell:			
Phone - a	alternate:			
	Address:			
	tate, Zip:			
Preferred I		Billings	○ He	elena
Availability (within next t		Out of town during		
, (
Purpose: OPre-	Placement	Annual	Other	
Type: Eval	luation	Examination	on	(specify)
	, (4)			
Components:	☐ Immu	nity Panel	☐ T-Spot TB	Screening
	☐ Urine	Drug Screen		J
Special Job Titles:	☐ Boiler	Plant Operator		
	☐ Firefig	hter	☐ Police Offi	cer
	☑ Motor	Vehicle Operator &	& Incidental Drive	eŗ
Other:				
<u>Montana VA HCS</u> Sig	nature:	1455.00		
Authorize	ed Fee:			
Date Request to	COMS:	,		

Exp 3-14-19

Name (last, first	middle):		
Date of Birth (mm-	dd-yyyy):		
Social Security	Number:		
Pho	ne - cell:		
Phone - a	ılternate:		
,	Address:		
	ate, Zip:		
Preferred L	-	Billings	O Helena
		Available: A	,
Availability (within next to	wo weeks).		·
Purpose: Pre-	Placement	Annual	Other
Type: OEval	uation	Examinati	(specify)
, , , , , , , , , , , , , , , , , , ,			
Components:	☐ lmmu	unity Panel	☐ T-Spot TB Screening
	_	Drug Screen	
		C	•
Special Job Titles:	☐ Boile	r Plant Operator	
*	☐ Firefi	ghter	☐ Police Officer
	☑ Motor	r Vehicle Operator	& Incidental Driver
Other:			
Montana VA HCS Sig	gnature:		
Authoriz	ed Fee:	\$455.00	<u> </u>
Date Request to	COMS:		

Exp. 3-14-19.

Name (last, first middle):			
Date of Birth (mm-dd-yyyy):			
Social Security Number:		,	
Phone - cell:			
Phone - alternate:			
Address:			
City, State, Zip:			
Preferred Location:	Billings		lispe (
Availability (within next two weeks):	Available: Mo	ndays & Thursdays	
Purpose: OPre-Placeme	nt	Other	
_	munity Panel ne Drug Screen	☐ T-Spot TB Screening	
☐ Fir	iler Plant Operator efighter stor Vehicle Operator &	Police Officer	
Other:			
Montana VA HCS Signature: Authorized Fee: Date Request to COMS:	\$455.50		

Name (last, first	middle):	
Date of Birth (mm-d	d-yyyy):	
Social Security I	lumber:	
	ie - cell:	
Phone - a		
	ddress:	
-	ocation: Billings • Helena	
Preferred L	Available: Mon & Fri	
Availability (within next to	o weeks):	
Purpose: Pre-	Placement Annual Other	
	(specify) Lation	
Type: ()Eval	LAMINIAGON	
Components:	☐ Immunity Panel ☐ T-Spot TB Screening	
Componenta.	☐ Urine Drug Screen	
*	Offine Drug Oblock	
Special Job Titles:	☐ Boiler Plant Operator	
•	☐ Firefighter ☐ Police Officer	
	✓ Motor Vehicle Operator & Incidental Driver	
Other:		
Other.		
Montana VA HCS Si	nature:	
Authoriz	ed Fee: \$455.05	
Date Request to	COMS:	

Name (last, first	middle):		
Date of Birth (mm-d	ld-yyyy):		
Social Security I	Number:		
Pho	ne - cell:		•
Phone - a	lternate:		
F	\ddress:		
City, St	ate, Zip:		
Preferred L	ocation:	Billings	Helena
Availability (within next to	vo weeks):	Available: An	ytime
Purpose: OPre-	Placement	t • Annual	Other(specify)
Type: OEval	uation	Examinatio	
Components:	☐ Immi	unity Panel	☐ T-Spot TB Screening
	☐ Urine	e Drug Screen	
	ſ		
Special Job Titles:	☐ Boile	er Plant Operator	
	☐ Firefi	ighter	Police Officer
	☑ Moto	or Vehicle Operator 8	Incidental Driver
Other:			
•			
Montana VA HCS Sig	gnature:	<u> </u>	
Authorized Fee: 4455.30			
Date Request to	COMS:		

Exp. 3-21-19

Name (last, first middle):	
Date of Birth (mm-dd-yyyy):	
Social Security Number:	
Phone - cell:	
Phone - alternate:	
Address:	
City, State, Zip:	
Preferred Location: Availability (within next two weeks):	O Billings
Purpose: Pre-Placemer	(specify)
Type: Evaluation	Examination
	nunity Panel
Special Job Titles: 🔲 Boile	er Plant Operator
☐ Fire	fighter
☑ Mot	or Vehicle Operator & Incidental Driver
Other:	
Montana VA HCS Signature: Authorized Fee:	\$ 455.00
Date Request to COMS:	

Name (last, first r	niddle):		
Date of Birth (mm-de	d-yyyy):		
Social Security N	lumber:		
Phon	e - cell:		
Phone - al	ternate:		
А	ddress:		
City, Sta	ate, Zip:		
Preferred Lo	ocation:	O Billings	Helena
Availability (within next tw	o weeks):	Available: Ar	nytime
	Placemen	t	Other (specify) on
Components:	_	unity Panel e Drug Screen	☐ T-Spot TB Screening
Special Job Titles:	☐ Firef	er Plant Operator	Police Officer
	✓ Moto	or Vehicle Operator	& Incidental Driver
Other:			
Montana VA HCS Sig	ed Fee:	\$455.00	
Date Request to	COMS:		

Exp: 3-26-19

Name (last, first	middle):			
Date of Birth (mm-d	d-yyyy):			
Social Security N	lumber:			
Phor	ne - cell:			¥
Phone - al	ternate:			
Δ	ddress:			
City, Sta	ate, Zip:			
Preferred L	ocation:	O Billings	O Helena	Kalispel
Availability (within next tw	vo weeks):	Volunteer is having hip replacem	ent surgery on 1/28 and will have a 4-6 week	recovery
	_	Examinati	Other(specify) on T-Spot TB Screen	
Special Job Titles: Other:	☐ Boild	e Drug Screen er Plant Operator fighter or Vehicle Operator	Police Officer & Incidental Driver	
Montana VA HCS Signature Authoriz Date Request to		\$455.02)	

Name (last, first	middle):
Date of Birth (mm-c	d-yyyy):
Social Security	Number:
Pho	ne - cell:
Phone - a	alternate:
,	Address:
City, S	tate, Zip:
Preferred l	
Availability (within next t	Available: Mon, Wed, & Fri Afternoons
	-Placement Annual Other(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 S	ized Fee: 455.00
Date Request t	o COMS:

Name (last, first	middle):		
Date of Birth (mm-c	ld-yyyy):		
Social Security I	Number:		
Pho	ne - cell:		
Phone - a	Iternate:		
	Address:		
City, St	ate, Zip:		
Preferred L	ocation:	Billings	Helena
Availability (within next to	vo weeks):	Available: T	hursdays
, , , , , , , , , , , , , , , , , , , ,	•		
Purpose: OPre-	Placemen	t	Other
Type: OEval	uation	Examinat	(specify)
Components:	☐ Imm	unity Panel	☐ T-Spot TB Screening
	☐ Urin	e Drug Screen	
Special Job Titles:	☐ Boile	er Plant Operator	
	Fire	fighter	☐ Police Officer
	☑ Mote	or Vehicle Operator	r & Incidental Driver
Other:		3	
Montana VA HCS Si		A 11-	÷
Authoriz	zed Fee:	¥ 455,	
Date Request to	COMS:		

Name (las	st, first middle):		
Date of Birth	(mm-dd-yyyy):		
Social Se	curity Number:		
	Phone - cell:		
Pho	one - alternate:		
	Address:		
	City, State, Zip:		
Pref	erred Location:	Billings	Helena
Availability (with	iln next two weeks):		
,			
Purpose: (Pre-Placement	Annual	Other(specify)
Type: (Evaluation	Examinat	
*			
Components:	☐ lmmu	ınity Panel	☐ T-Spot TB Screening
	☐ Urine	Drug Screen	
Special Job Title	es: 🚨 Boile	r Plant Operator	
	☐ Firefi	ghter	Police Officer `
	✓ Moto	r Vehicle Operato	r & Incidental Driver
0	ther:	-	
		an office of the first	
Montana VA HO	CS Signature:		
. 4	Authorized Fee:	JUSS . 0 3)
	uest to COMS:		

Name (last, first middle):	
Date of Birth (mm-dd-yyyy):	
Social Security Number:	
Phone - cell:	
Phone - alternate:	
Address:	
City, State, Zip:	
Preferred Location:	O Billings
Availability (within next two weeks):	Available: Anytime
Purpose: Pre-Placemen	t OAnnual OOther
Type: Evaluation	(specify) Examination
туро.	
Components:	unity Panel
	e Drug Screen
Special Job Titles: Boile	er Plant Operator
☐ Fire	fighter
✓ Motor	or Vehicle Operator & Incidental Driver
Other:	
Montana VA HCS Signature:	412024
Authorized Fee:	9404,
Date Request to COMS:	

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-Placemen Type: Evaluation	t Other(specify) Examination
	nunity Panel T-Spot TB Screening se Drug Screen
Fire	er Plant Operator fighter
Other:	of Vertical Operator & metaorital Division
Other.	
Montana VA HCS Signature:	0007.00
Authorized Fee:	\$325.00
Date Request to COMS:	610/19/2 BASANG

Name (last, first middle):	
Date of Birth (mm-dd-yyyy):	
Social Security Number:	
Phone - cell:	
Phone - alternate:	
Address:	
City, State, Zip:	
Preferred Location:	O Billings O Helena
Availability (within next two weeks):	Available: Anytime
Purpose: Pre-Placemer Type: Evaluation	nt Annual Other(specify) Examination
· —	munity Panel
☐ Fire	iler Plant Operator efighter
Other:	·
Montana VA HCS Signature: Authorized Fee: Date Request to COMS:	7 5455.00

Exp: 3-28-19

Name (last, first n	niddle):			
Date of Birth (mm-do	-уууу):			
Social Security N	umber:			•
Phone	e - cell:			
Phone - alte	ernate:			
	ldress:			
City, Stat				
Preferred Lo		Billings	() ₊	lelena
*			Mon, Tue, W	
Availability (within next two	weeks).		, ,	
Purpose: Pre-Pl	acement	: (Annual	Other	
Type: OEvalua		Examin		(specify)
Typol	20011	<u> D</u> ZX	auon	
Components:	□ lmmı	unity Panel	☐ T-Spot 7	B Screening
		Drug Screen	— порост	D corcoming
•		, Drug Gorcen		
Special Job Titles:	☐ Boile	r Plant Operator		
[☐ Firefi	ghter	☐ Police O	fficer
1	☑ Moto	r Vehicle Operate	or & Incidental Dri	ver
Other:				
			NAME OF THE OWNER	
<u>Montana VA HCS</u> Sign	ature:			
Authorized	l Fee:	\$455.0°	<u> </u>	
Date Request to C	OMS:			