

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): _____

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: _____

New Volunteer

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: Monday, Wednesday, Thursday, & Friday

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: 3/11/19

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, Thur, Fri from 11:00 am - 2:00 pm

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: 4-3-19

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 ☒ Missoula
Availability (within next two weeks): available: 3/19, 3/26, 3/27, & 3/29

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: _____

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: \$480.00

Date Request to COMS: 3/4/2019

Exp: 4-3-18

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 ☒ Missoula

Availability (within next two weeks): _____ available: Mon, Tue, Wed & Fri in the early morning

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: \$480.00

Date Request to COMS: 3/14/2018

Exp: 4-2-18

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 ☒ Missoula

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: \$480.00

Date Request to COMS: 3/14/2019

Exp: 4-30-19

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 ☒ Missoula
Availability (within next two weeks): available: Tuesdays

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: \$480.00
Date Request to COMS: 3/14/2019

Exp: 4-13-18

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: \$480.00

Date Request to COMS: 3/14/2019

New Volunteer

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: Tuesdays & 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: \$1634.24
Date Request to COMS: 3/14/2019

New Volunteer.

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: Tuesday & Thursday

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: \$634.24
Date Request to COMS: 3/14/2019

EXP: 4/12/19

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: [Signature]
Authorized Fee: \$480.00
Date Request to COMS: 3/14/2019

Exp: 4/23/19

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
available: Mon, Wed, Thur, & Fri - late morning or afternoon

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: \$480.00

Date Request to COMS: _____

EXP: 4/9/18

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, Fri - late morning/early afternoon

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: \$480.00

Date Request to COMS: 3/14/2019

Exp: 4-10-19

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: Friday's

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: \$ 480.00
Date Request to COMS: 3/14/2019

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: \$480.00
Date Request to COMS: 3/14/2019

Exp: 4-19-19

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): Will be out of town Mid April through May 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: _____

Authorized Fee: \$480.00

Date Request to COMS: 03-21-2019

Exp: 4/4/19

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



Missoula

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 ☒ Missoula

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: \$480.00

Date Request to COMS: 03-19-2019

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: TK

Authorized Fee: \$325.00

Date Request to COMS: 03-26-2019

Exp 4-19-19

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 ☒ Missoula

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: \$480.00

Date Request to COMS: 3-21-19

Exp: 4-9-19

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: \$480.00 _____

Date Request to COMS: 03-29-2019 _____

New

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): 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: ☒ Maintenance / Groundskeeper Position.

Montana VA HCS Signature: _____
Authorized Fee: \$480.00
Date Request to COMS: 03-29-2019

Exp. 1/10/19

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: \$450.00

Date Request to COMS: 3/14/2019