	9			
Name (last, firs	t middle):			
Date of Birth (mm-	dd-yyyy):			
Social Security	Number:			
Pho	one - cell:			
Phone -	alternate:			
	Address:			
	tate, Zip:			
Preferred		OBillings	Helena	-
Availability (within next			· O Molona	
Transacting (Millin Noxe	wooko).			
Purpose: OPre	-Placement	Annual	Other	
Type: OEva	luation	Examinati	(spec	ify)
Components:	☐ Imm	unity Panel	☐ T-Spot TB Scre	ening
		Drug Screen		Ü
		Q		
Special Job Titles:	☐ Boile	r Plant Operator		
	☐ Firefi	ghter	Police Officer	
	☑ Moto	r Vehicle Operator	& Incidental Driver	
Other:				
<u>Montana VA HCS</u> Si	gnature:			
Authoriz	zed Fee: 🖓	GC.224		
Date Request to COMS:				

Name (last, first	middle):		-	
Date of Birth (mm-	dd-yyyy):			
Social Security	Number:			
Pho	ne - cell:			
Phone - a	ilternate:			
	Address:			
City, S	tate, Zip:			
Preferred L		Billings	Helena	a
Availability (within next t				
, , (,			
Purpose: OP.re-	Placement	Annual	Other	
Type: OEva	luation	Examination	• •	ecify)
Components:	☐ Imm	unity Panel	☐ T-Spot TB Sc	reening
	☐ Urine	e Drug Screen		
		*		
Special Job Titles:	☐ Boile	r Plant Operator		
	☐ Firefi	ighter	☐ Police Officer	r
	☑ Moto	r Vehicle Operator	& Incidental Driver	
Other:				
Montana VA HCS Si	gnature:	1.6-0-		
Authoriz	zed Fee: C	PYSS.00)	
Date Request to	COMS:			



Name (last, first mid	ddle):			
Date of Birth (mm-dd-)	ууу):			
Social Security Nur	nber:			
, Phone -	- cell:			
Phone - alter	nate:			
Add	ress:			
City, State	Zip:			
Preferred Loca		O Helena		
Availability (within next two w	Available: Ma	nday, Wednesday, Thursday, & Friday		
, and the second				
Purpose: Pre-Place	cement CAnnu			
Type: Evaluati	on ()Exam	(specify) ilnation		
Components:	Immunity Panel	☑ T-Spot TB Screening		
	Urine Drug Screen			
*		,		
Special Job Titles:	Boiler Plant Operate	or		
	Firefighter	☐ Police Officer		
V	Motor Vehicle Oper	ator & Incidental Driver		
Other:				
Montana VA HCS Signat	ure:	,		
Authorized F	Authorized Fee: \$134. 34			
Date Request to COMS: 3,-1, 3019				

Exp 3/11/19

Name (last, first middle):				
Date of Birth (mm-dd-yyyy):				
Social Security	Number:			
	ne - cell:			
Phone - a				
	Address:			
•	tate, Zip:	(6)		
Preferred i	_ocation:	Billings Available: Mon, Tue, W		elena 200 am - 2:00 am
Availability (within next t	wo weeks):	Available, Worl, Tue, W	eu, mui, en nom 11.	.00 am - 2.00 pm
	Placement	Annual Examination	Other	(specify)
			-	
Components:	☐ Immu	unity Panel	☐ T-Spot TE	3 Screening
	☐ Urine	e Drug Screen		
Special Job Titles:	☐ Boile	r Plant Operator		
	☐ Firefi	ghter	Police Off	icer
	☑ Moto	r Vehicle Operator 8	& Incidental Driv	er
Other:		4		
<u>Montana VA HCS</u> Si		\$15-00		
Authoriz	Authorized Fee:			
Date Request to COMS: 3/14/2019				

Exp: 4-3-19

Name (last, first middle):	
Date of Birth (mm-dd-yyyy):	
Social Security Number:	-
Phone - cell:	
Phone - alternate:	
Address:	
City, State, Zip:	
Preferred Location:	C Billings O Helena Missoula
Availability (within next two weeks):	available: 3/19, 3/26, 3/27, & 3/29
Purpose: OPre-Placemen Type: Evaluation	of Annual Other(specify) Examination
	unity Panel
Special Job Titles: 🔲 Boile	er Plant Operator
☐ Firef	ighter
☑ Moto	or Vehicle Operator & Incidental Driver
Other:	
Montana VA HCS Signature: Authorized Fee: Date Request to COMS:	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Date Request to Collid.	

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
	available: anytime
Availability (within next two weeks):	
Purpose: Pre-Placemer	nt 📵 Annual 🔘 Other
	(specify)
Type:	Examination
Components:	nunity Panel
-	
Li Urin	ne Drug Screen
Special Job Titles: Boil	er Plant Operator
	fighter
-	
	or Vehicle Operator & Incidental Driver
Other: 🚨	
Montana VA HCS Signature:	
Authorized Fee:	\$480.00 ·
	3).11-29
Date Request to COMS:	-117 10U1

EXP: 43-18

*	
Name (last, first middle):	
Date of Birth (mm-dd-yyyy):	
Social Security Number:	
Phone - cell:	
Phone - alternate:	
Address:	
City, State, Zip:	
Preferred Location:	O Helena O Missoula
Availability (within next two weeks): available: Mon, T	ue, Wed & Fri in the early morning
Purpose: OPre-Placement OAnnual Type: Examination Examination	Other (specify) tion
Components: Immunity Panel Urine Drug Screen	☐ T-Spot TB Screening
Special Job Titles:	☐ Police Officer
✓ Motor Vehicle Operato Other:	r & Incidental Driver
Montana VA HCS Signature: Authorized Fee:	0
Date Request to COMS: 3/4/50)

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
	Annual Other
Purpose: Pre-Placement	Annual Other(specify)
Type:	Examination
_	unity Panel
Special Job Titles:	er Plant Operator
☐ Firef	ighter
☑ Moto	r Vehicle Operator & Incidental Driver
Other:	· · · · · · · · · · · · · · · · · · ·
,	
Montana VA HCS Signature:	
Authorized Fee:	5480.00
Date Request to COMS:	3)14/2019

Name (last, first middle):	
Date of Birth (mm-dd-yyyy):	
Social Security Number:	
Phone - cell:	
Phone - alternate:	
Address:	
City, State, Zip:	
Preferred Location:	Billings O Helena Missoula.
Availability (within next two weeks):	available: Tuesdays
Purpose: OPre-Placement Type: Evaluation	Annual Other (specify) Examination
	ty Panel
Special Job Titles: 🔲 Boiler F	Plant Operator
☐ Firefigh	ter
☑ Motor V	ehicle Operator & Incidental Driver
Other:	
Montana VA HCS Signature:	3/14/2017

Name (last, first	middle):			
Date of Bir	th (mm-c	ld-yyyy):			
Social S	Security I	Number:			
		ne - cell:			
P	hone - a				
,					
		Address:			
*	City, St	ate, Zip:			
Pre	eferred L	ocation:	Billings	_	-lelena
Availability (w	rithin next tv	o weeks):	available: a	ınytime	
Purpose:	○Pre-I	Placement	Annual	Other _	(specify)
Type:	○Eval	uation	Examinati	on	(specily)
					,
Components:		☐ Immur	nity Panel	☐ T-Spot	TB Screening
		Urine I	Orug Screen		
Special Job Ti	tles:	☐ Boiler	Plant Operator		r
		☐ Firefigi	nter	Police C	Officer
		_	Vehicle Operator		
,	Oth ow		vernoie operator	a moldeniai Di	IVCI
(Other:				
Montana VA H	CS Sig	nature: A	3		
Montana VA HCS Signature: Authorized Fee:			PU80.00)	
		_	3/4/2		
Date Red	Date Request to COMS:				



Name (last, first	middle):			
Date of Birth (mm-d	d-yyyy):			
Social Security I	Number:			
Phor	ne - cell:			
Phone - a	Iternate:			
A	ddress:			
City, St	ate, Zip:			
Preferred L	ocation:	O Billings	Hele	
Availability (within next to	vo weeks):	available:	Tuesdays & Th	ıursdays
Purpose: Pre-	Placemen	it Annual	Other	(specify)
Type:	uation	Examina	tion	
Components:	☐ Imm	nunity Panel	✓ T-Spot TB :	Screening
	☐ Urin	e Drug Screen		
Oial lab Tillan	Про	or Plant Operator		
Special Job Titles:	posses	er Plant Operator	Police Offic	ror
	Total Control of the	fighter		
	✓ Mot	or Venicle Operato	r & Incidental Drive	ı
Other:	L			
Montana <u>VA HCS</u> Si	gnature:	X		
	ed Fee:	\$ 634.	24	
Date Request to		3/4)	3015	_

New Volunteex.

,	
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 O Kalispett
Availability (within next two weeks):	Available: Tuesday & Thursday
Purpose: Pre-Placement Type: Evaluation	Annual Other(specify) Examination
-	unity Panel
Special Job Titles:	r Plant Operator
☐ Firefi	ghter
☑ Motor	Vehicle Operator & Incidental Driver
Other:	
Montana VA HCS Signature:	· K
Authorized Fee:	\$ 634.24
Date Request to COMS:	3/14/2019

Exp: 4/12/19

Name (last, first middle):	
Date of Birth (mm-dd-yyyy):	
Social Security Number:	
Phone - cell:	
Phone - alternate:	
Address:	
City, State, Zip:	
Preferred Location:	Billings Helena
Availability (within next two weeks):	available: anytime
Trvanability (walli liozi two wools).	
Purpose: OPre-Placemen	
Гуре:	(specify) Examination
Components:	unity Panel T-Spot TB Screening
	e Drug Screen
Special Job Titles: 🔲 Boile	er Plant Operator
☐ Firef	ighter
☑ Moto	or Vehicle Operator & Incidental Driver
Other: \Box	
Montana VA HCS Signature.	A. (c
Authorized Fee:	\$480.00
Date Request to COMS:	5/14/2019

Exp: 4/23/19

Name (last, first	middle):
Date of Birth (mm-c	ld-yyyy):
Social Security	Number:
Pho	ne - cell:
Phone - a	ılternate:
,	Address:
City St	tate, Zip:
Preferred L	
	available: Mon, Wed, Thur, & Fri - late morning or afternoon
Availability (within next t	wo weeks).
Purpose: Pre-	Placement Annual Other
	(specify)
Type: DEva	Date of the second of the seco
Components:	☐ Immunity Panel ☐ T-Spot TB Screening
Components.	☐ Urine Drug Screen
	Gillio Brug Goldon
Special Job Titles:	☐ Boiler Plant Operator
•	☐ Firefighter ☐ Police Officer
	✓ Motor Vehicle Operator & Incidental Driver
Other:	
Other.	
Montana VA HCS S	ignature:
	zed Fee: \$480,00
Date Request to	coms:

Exp: 4/9/18.

Name (last, first middle):		
Date of Birth (mm-dd-yyyy):	-	
Social Security Number:	3	
Phone - cell:		
Phone - alternate:	_	
Address:	_	
City, State, Zip:		
Preferred Location:	Billings	O Helena
Availability (within next two weeks):	available: Mon, Tue	, Thur, Fri - late morning/early afternoon
Purpose: Pre-Placement	: (Annual	Other
Type: Evaluation	Examina	(specify)
	unity Panel Drug Screen	☐ T-Spot TB Screening
Special Job Titles: 🔲 Boile	r Plant Operator	
☐ Firefiç	ghter	☐ Police Officer
☑ Motor	Vehicle Operator	& Incidental Driver
Other:		
Montana VA HCS Signature: Authorized Fee:	\$480.00	
Date Request to COMS:	3/14/20	019

Exp: 4-10-19

Name (last, first	middle):			
Date of Birth (mm-				
Social Security				
	ne - cell:			
Phone - a				
	Address:			
	tate, Zip:			
Preferred l		Billings available: Fr	Helena	
Availability (within next t	wo weeks):	available. 1 1	ludy 3	
Purpose: OPre-	Placement	t (Annual	Other	
Type: Eval	luation	Examination	(spec	ify)
	e		•	is .
Components:	☐ Immi	unity Panel	☐ T-Spot TB Scre	ening
		Drug Screen		
	90	,		
Special Job Titles:	☐ Boile	r Plant Operator		
	☐ Firefi	ghter	☐ Police Officer	
	✓ Moto	r Vehicle Operator	& Incidental Driver	
Other:				
Montana VA HCS Si	gnature:	The second secon		
Authorized Fee: 480.00				
Date Request to COMS: 3/14/2019				

,	
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 Type: Evaluation	Annual Other(specify) Examination
Type: Evaluation	Examination
	unity Panel T-Spot TB Screening Drug Screen
Special Job Titles:	r Plant Operator
☐ Firefi	ghter
✓ Moto	r Vehicle Operator & Incidental Driver
Other:	
Montana VA HCS Signature:	\$1160000
Authorized Fee:	3/11/
Date Request to COMS:	711412-019

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):	Billings Will be out of town	Mid April through May 2019.
Purpose: Pre-Placemer	nt	Other(specify)
Type: CEvaluation	Examinatio	n
	nunity Panel e Drug Screen	☐ T-Spot TB Screening
	er Plant Operator fighter	☐ Police Officer
	or Vehicle Operator &	Incidental Driver
Other:		
Montana VA HCS Signature:	D	
Authorized Fee:	\$480.00	
Date Request to COMS:	03-21-2019	

VA-2019-03-VD-Intake 19 of 25 B,RE

Exp: 4/4/19.

Name (last, first	middle):			
Date of Birth (mm-d	ld-yyyy):			
Social Security I	Number:			
Phor	ne - cell:			
Phone - a	lternate:			
A	Address:			
City, St	ate, Zip:			
Preferred L		OBillings	Helena	@ Missoula
Availability (within next to	vo weeks):	Available: A	nytime	
Purpose: OPre-l	Placemen	t 💽 Annual	Other	
Type: OEval	uation	Examination		жу)
. *				
Components:	☐ lmm	unity Panel	☐ T-Spot TB Scre	ening
	☐ Urin	e Drug Screen		
	_	~		*
Special Job Titles:	Boile	er Plant Operator		
	☐ Firef	ïghter	☐ Police Officer	
	☑ Moto	or Vehicle Operator	& Incidental Driver	
Other:			• •	
<u> Montana VA HCS</u> Si <u>ç</u>	gnature:	7		
Authoriz	ed Fee:	\$480,00		
Date Request to	COMS:	3/19/19		
		1 /		

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):	Billings Available: A	Helena @Missoula nytime
Availability (willin flex two weeks).		
Purpose: Pre-Placemen	t	Other
Type: OEvaluation	Examinati	
	unity Panel e Drug Screen	☐ T-Spot TB Screening
Special Job Titles:	er Plant Operator	
·	fighter	☐ Police Officer
☑ Moto	or Vehicle Operator	& Incidental Driver
Other:		
Montana VA HCS Signature:	0.600.00	
Authorized Fee:	\$480.00	
Date Request to COMS:	03-19-2019	

Name (last, first	middle):	
Date of Birth (mm-d	d-yyyy):	
Social Security N	Number:	
Phor	ne - cell:	
Phone - a	ternate:	
A	Address:	
City, St	ate, Zip:	
Preferred L		ngs C Helena
Availability (within next to		
TVallability (Wallit How to		
Purpose: OPre-	Placement	Annual Other
Type: OEval	uation	(specify) Examination
Components:	☐ Immunity Pane	el T-Spot TB Screening
	☐ Urine Drug Scr	reen
	_	
Special Job Titles:	Boiler Plant Op	perator
	☐ Firefighter	☐ Police Officer
	☑ Motor Vehicle	Operator & Incidental Driver
Other:		
	-	- ,
Montana VA HCS Sig	gnature:	- 00
Authoriz		2040
Date Request to	coms: <u>03-26</u>	-2019

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: OPre-Placement Type: Evaluation	Annual Other (specify) Examination
Type.	
	nity Panel
☐ Firefi	r Plant Operator ghter
_	
Montana VA HCS Signature: Authorized Fee: Date Request to COMS:	\$4.80.00 3-21-19.

VA-2019-03-VD-Intake 23 of 25 G,OH

Exp: 4-9-19

Name	(last, first	middle):				
Date of B	irth (mm-c	dd-vyyy):				
	Security					
		ne - cell:				
	Phone - a					
	/	Address:				
	City, St	ate, Zip:		•		
Р	referred L	ocation:		Billings	() F	łelena
Availability (within next to	vo weeks):				
Purpose:	○Pre-	Placemen	t	Annual	Other _	(specify)
Type:	○Eval	uation		Examination	on	
Components	:			y Panel rug Screen	☐ T-Spot 1	TB Screening
Special Job 7	Titles:	☐ Boile	er Pl	ant Operator	•	
		☐ Firef			☐ Police O	fficer
		☑ Moto	r Ve	ehicle Operator &	& Incidental Dr	iver
	Other:					
Montana VA	<u>HCS</u> Siç	gnature: ,				
	Authoriz	ed Fee:	\$4	480.00		
Date R	equest to	COMS:	03	3-29-2019	,	

Name (last, first n	iddle):			
Date of Birth (mm-dd-yyyy):				
•			-	
Social Security N				
	e - cell:			
Phone - alt	ernate:			
. Ac	ldress:		***************************************	
City, Sta	te, Zip:			
Preferred Lo	cation:	O Billings	Helena	
Availability (within next two	weeks):	Anytime.		
Purpose: Pre-P	acemen	t 🔘 Annual	Other(specify)	
Type: ©Evalua	ation	Examination		
•				
Components:	Imm	unity Panel	☐ T-Spot TB Screening	
	Urine	e Drug Screen	•	
	,			
Special Job Titles:	☐ Boile	r Plant Operator		
ľ	☐ Firefi	ghter	☐ Police Officer	
Ĭ	☐ Moto	r Vehicle Operator 8	Incidental Driver	
Other:	⊿ Mai	ntenance / Gro	undskeeper Position.	
		and the same of th		
Montana VA HCS Sign	ature:			
Authorized	l Fee:	\$480.00		
Date Request to COMS:		03-29-2019		

Exp. 1/10/19

		ž.			
Name (last, first middle):				-	
Date of Birth (mm-dd-yyyy):				-	
Social Security Number:				-	
Phone - cell:				_	
Phone - alternate:				_	
Address:					
City, State, Zip:					
Preferred Location:			(a) Dillings	O Hol	ena
			Billings	. Tiel	Gila .
Availability (v	vithin next tw	o weeks):			
Durnaga:	OPro-D	Dlacomont	t 🖲 Annual	Other	
Purpose: Pre-Placement					(specify)
Type:	()Evalu	uation	Examir	nation	
			*	П = 0 + = 0	0
Components:			unity Panel	☐ 1-Spot IB	Screening
		☐ Urine	e Drug Screen		
		П.,	DI 10		
Special Job Titles:		☐ Boiler Plant Operator		-	
		☐ Firef	ighter		cer
3		☑ Moto	or Vehicle Operator & Incidental Driver		
	Other:				4,12
		a more and a second			
Montana VA I	HCS Sig	gnature:	A		
	Authoriz	ed Fee:	9480.0	T (1	
Date Request to COMS:					