

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: _____

Montana VA HCS Signature: Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.04.01 16:40:04 -06'00'

Authorized Fee: \$477.63

Date Request to COMS: 04-01-2019

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): 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: Mishanda D. Wojciechowski
1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.04.01 16:41:51 -06'00'
Authorized Fee: \$477.63
Date Request to COMS: 04-01-2019



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): 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: Mishanda D. Wojciechowski 1706839
Digitally signed by Mishanda D. Wojciechowski 1706839
Date: 2019.04.01 16:43:17 -06'00'

Authorized Fee: \$477.63

Date Request to COMS: 04-01-2019

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): 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: Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.04.02 11:23:34 -06'00'
 Authorized Fee: \$477.63
 Date Request to COMS: 04-02-2019

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): 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: Mishanda D. Wojciechowski
1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.04.04 13:08:02 -06'00'
Authorized Fee: \$477.63
Date Request to COMS: 04-04-2019

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): N/A

Purpose: Pre-Placement Annual Other Review
(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: Mishanda D. Wojciechowski
1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.04.09 08:09:09 -06'00'

Authorized Fee: \$325.00

Date Request to COMS: 04-09-2019

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): 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: Mishanda D. Wojciechowski
1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.04.10 07:46:34 -06'00'

Authorized Fee: \$535.00

Date Request to COMS: 04-10-2019

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): 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: Mishanda D. Wojciechowski
1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.04.10 10:37:54 -06'00'

Authorized Fee: \$535.00

Date Request to COMS: 04-10-2019

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): 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: Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839
 1706839 Date: 2019.04.10 13:10:00 -06'00'

Authorized Fee: \$2309.00

Date Request to COMS: 04-10-2019

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): 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: _____

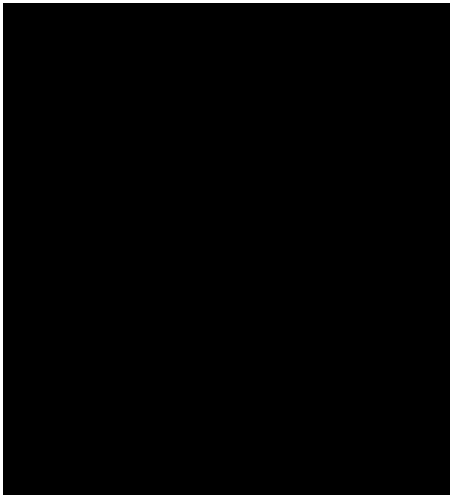
Montana VA HCS Signature: Mishanda D. Wojciechowski
 1706839
 Digitally signed by Mishanda D. Wojciechowski 1706839
 Date: 2019.04.10 13:39:01 -06'00'

Authorized Fee: \$477.63

Date Request to COMS: 04-10-2019

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): 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:

Mishanda D. Wojciechowski
 1706839

Digitally signed by Mishanda D.
 Wojciechowski 1706839
 Date: 2019.04.10 13:46:55 -06'00'

Authorized Fee:

\$477.63

Date Request to COMS:

04-10-2019

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): 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: Mishanda D. Wojciechowski
1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.04.11 13:04:36 -06'00'

Authorized Fee: \$815.00

Date Request to COMS: 04-11-2019

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): 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: Mishanda D. Wojciechowski 1706839
Digitally signed by Mishanda D. Wojciechowski 1706839
Date: 2019.04.11 16:38:28 -06'00'

Authorized Fee: \$860.00

Date Request to COMS: 04-11-2019

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): 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: _____

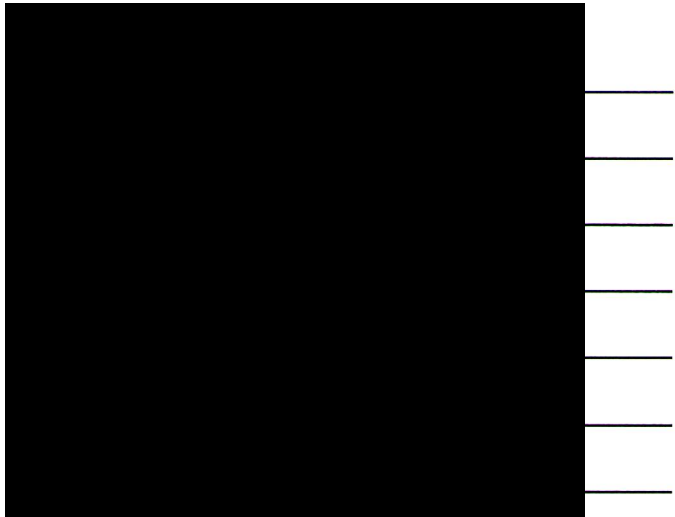
Montana VA HCS Signature: Mishanda D. Wojciechowski 1706839
Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.04.11 17:34:04 -06'00'

Authorized Fee: \$860.00

Date Request to COMS: 04-11-2019

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): 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: Mishanda D. Wojciechowski 1706839
Authorized Fee: \$490.00
Date Request to COMS: 04-11-2019

Digitally signed by Mishanda D. Wojciechowski 1706839
Date: 2019.04.11 17:44:44 -06'00'

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 Audio, EKG, HgbA1c
(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: Mishanda D. Wojciechowski
1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.04.17 14:36:17 -06'00'

Authorized Fee: \$259.00

Date Request to COMS: 04-17-2019

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): 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: Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.04.19 09:46:21 -06'00'

Authorized Fee: \$815.00

Date Request to COMS: 04-19-2019

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): 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: Mishanda D. Wojciechowski 1706839
Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.04.19 10:24:46 -06'00'

Authorized Fee: \$815.00

Date Request to COMS: 04-19-2019

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): 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: Mishanda D. Wojciechowski 1706839
Digitally signed by Mishanda D. Wojciechowski 1706839
 Date: 2019.04.19 10:50:53 -06'00'

Authorized Fee: \$535.00

Date Request to COMS: 04-19-2019

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): 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: _____

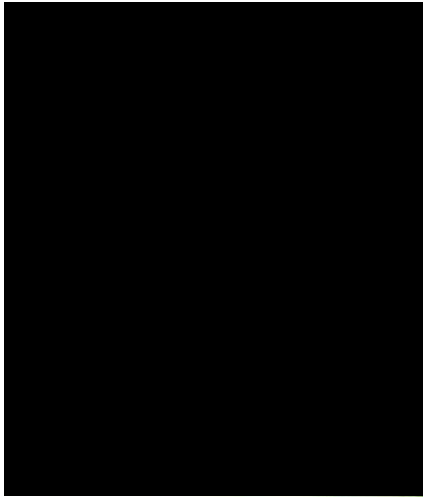
Montana VA HCS Signature: Mishanda D. Wojciechowski 1706839
Digitally signed by Mishanda D. Wojciechowski 1706839
 Date: 2019.04.19 10:50:53 -06'00'

Authorized Fee: \$535.00

Date Request to COMS: 04-19-2019

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): 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: Mishanda D. Wojciechowski
1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.04.23 14:25:19 -06'00'

Authorized Fee: \$815.00

Date Request to COMS: 04-23-2019

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): 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: _____

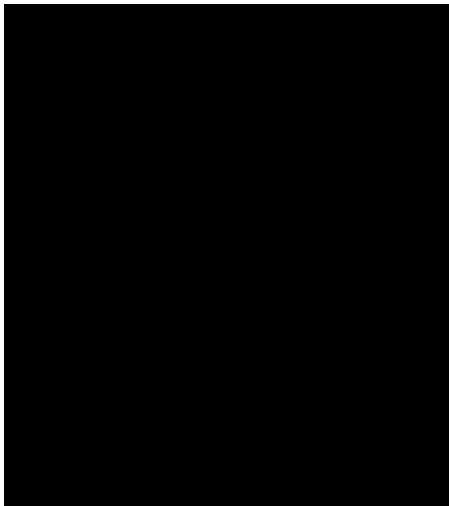
Montana VA HCS Signature: Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.04.24 11:36:20 -06'00'
 1706839

Authorized Fee: \$477.63

Date Request to COMS: 04-24-2019

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): N/A

Purpose: Pre-Placement Annual Other Review
(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: Mishanda D. Wojciechowski
1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.04.24 11:59:10 -06'00'

Authorized Fee: \$325.00

Date Request to COMS: 04-24-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

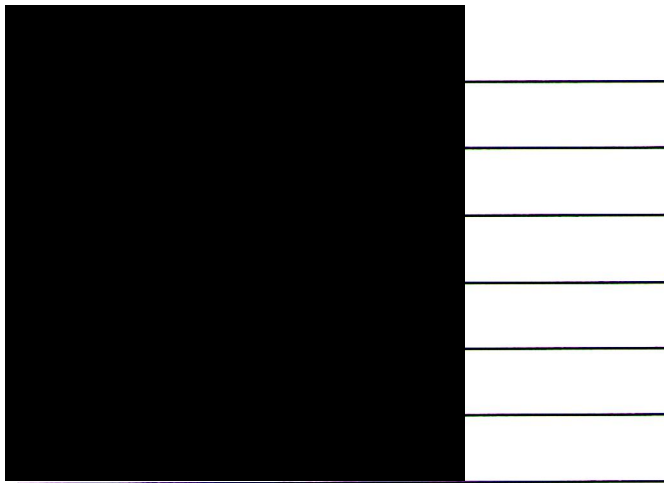
Social Security Number:

Phone - cell:

Phone - alternate:

Address:

City, State, Zip:



Preferred Location:

Billings

Helena

Availability (within next two weeks):

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:

Mishanda D. Wojciechowski
1706839

Digitally signed by Mishanda D.
Wojciechowski 1706839
Date: 2019.04.24 13:19:22 -06'00'

Authorized Fee:

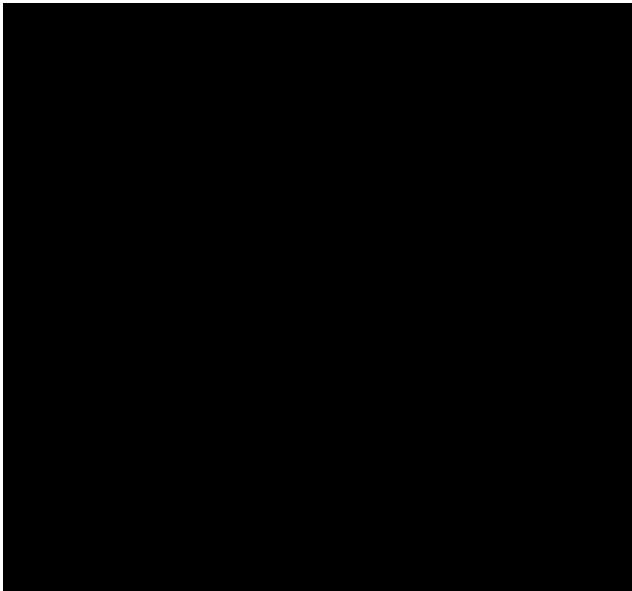
\$860.00

Date Request to COMS:

04-24-2019

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:
 E-Mail:
 Address:
 City, State, Zip:
 Special Note:



Preferred Clinic Location: Helena

Purpose: Pre-Placement Annual / Recurring 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: _____

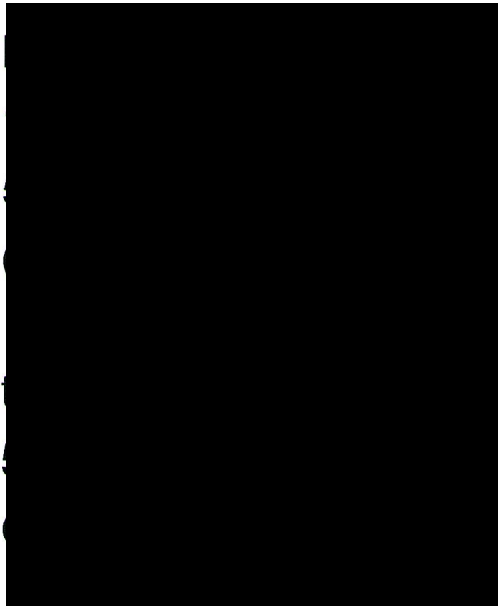
Montana VA HCS Signature: Mishanda D. Wojciechowski
 1706839 Digitally signed by Mishanda D. Wojciechowski 1706839
 Date: 2019.04.26 10:57:59 -06'00'

Authorized Fee: \$860.00

Date Request to COMS: 04-26-2019

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:
 E-Mail:
 Address:
 City, State, Zip:
 Special Note:



Preferred Clinic Location: Helena

Purpose: Pre-Placement Annual / Recurring 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: Mishanda D. Wojciechowski
 Authorized Fee: \$860.00
 Date Request to COMS: 04-26-2019

Digitally signed by Mishanda D. Wojciechowski 1706839
 Date: 2019.04.26 13:32:36 -06'00'

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



Preferred Clinic Location: Billings

Purpose: Pre-Placement Annual / Recurring Other _____
Type: Evaluation Examination (specify)

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

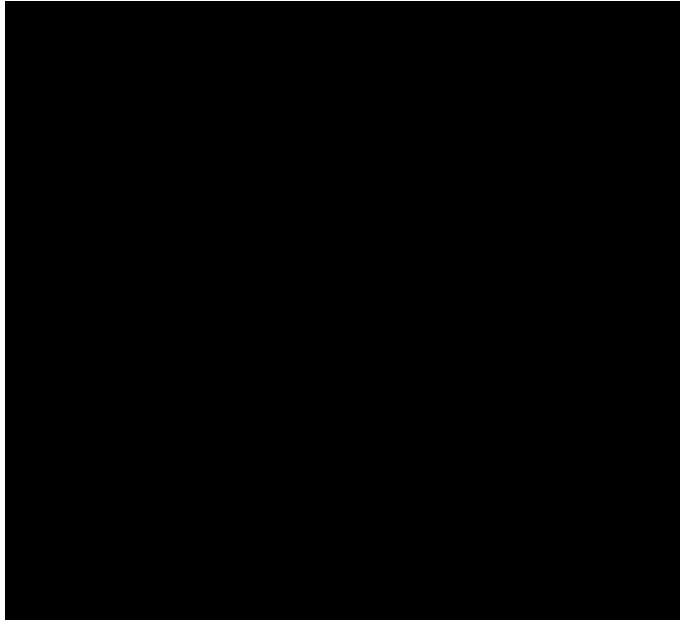
Special Job Titles: Boiler Plant Operator
 Firefighter Police Officer
 Motor Vehicle Operator & Incidental Driver
Other: _____

Montana VA HCS Signature: Mishanda D. Wojciechowski 1706839
Authorized Fee: \$860.00
Date Request to COMS: 04-29-2019

Digitally signed by Mishanda D. Wojciechowski 1706839
Date: 2019.04.29 15:51:41 -06'00'

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:
 E-Mail:
 Address:
 City, State, Zip:
 Special Note:



Preferred Clinic Location: Helena

Purpose: Pre-Placement Annual / Recurring 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: Mishanda D. Wojciechowski
 Authorized Fee: \$815.00
 Date Request to COMS: 04-30-2019

Digitally signed by Mishanda D. Wojciechowski 1706839
 Date: 2019.04.30 10:07:31 -06'00'

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:
 E-Mail:
 Address:
 City, State, Zip:
 Special Note:



Preferred Clinic Location: Helena

Purpose: Pre-Placement Annual / Recurring 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: Mishanda D. Wojciechowski 1706839
 Authorized Fee: \$860.00
 Date Request to COMS: 04-30-2019

Digitally signed by Mishanda D. Wojciechowski 1706839
 Date: 2019.04.30 14:17:49 -06'00'