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 Type: Evaluation	t OAnnual Other(specify)  Examination
· —	unity Panel
	er Plant Operator  Graphter Police Officer
☐ Moto	or 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

Name (last, first ı	middle):			
Date of Birth (mm-d	d-yyyy):			
Social Security N	lumber:			
Phor	ne - cell:			
Phone - al	ternate:			
Α	ddress:			
City, Sta	ate, Zip:			
Preferred L	ocation:	Billings	• Hele	ena
Availability (within next tw	vo weeks):	Anytime		
, ,	•			
Purpose:	Placement	Annual	Other	/if-\
Type:	uation	Examinat	ion	(specify)
Components:	☑ Imm	unity Panel	☑ T-Spot TB	Screening
	☐ Urine	e Drug Screen		
Special Job Titles:	☐ Boile	er Plant Operator		
	☐ Firef	ighter	Police Office	cer
	☐ Moto	or Vehicle Operator	· & Incidental Drive	e <mark>r</mark>
Other:				
<u>Montana VA HCS</u> Si	gnature:	Mishanda D. Wojciec 1706839	howski Digitally signed by M Wojciechowski 1706 Date: 2019.04.01 16	839
	zed Fee:	\$477.63		
Date Request to COMS:		04-01-2019		
	The second secon			

Montana VA HCS - Intake Form - version 6a - 08-23-2018



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):	Anytime
Purpose: Pre-Placemen	
Type:	(specify)
Components:	nunity Panel
	e Drug Screen
OIIII	e Drug Screen
Special Job Titles: 🔲 Boile	er Plant Operator
	_
☐ Moto	or Vehicle Operator & Incidental Driver
Other: $\square$	·
Montana VA HCS Signature:	Mishanda D. Wojciechowski 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
Date i toquest to como.	

Name (last, f	irst middle):		
Date of Birth (m	m-dd-yyyy):		
Social Secur	ity Number:		
F	Phone - cell:		
Phone	- alternate:		
	Address:		
Citv	, State, Zip:		
	ed Location:	Billings	Helena
Availability (within ne	ext two weeks).	Anytime	Troising
, wandaniy (mamin	on two weeks.		
Purpose:	re-Placement	Annual	Other
Type:	valuation	Examina	(specify)
Components:	✓ Imm	unity Panel	☑ T-Spot TB Screening
	_	Drug Screen	3
Special Job Titles:	☐ Boile	r Plant Operator	
	☐ Firefi	ghter	☐ Police Officer
	☐ Moto	r Vehicle Operato	- & Incidental Driver
Othe		,	
		Mishanda D. Wojcied	howski Digitally signed by Mishanda D.
<u>Montana VA HCS</u>	Signature:	1706839	Wojciechowski 1706839 Date: 2019.04.02 11:23:34 -06'00'
Auth	orized Fee:	\$477.63	
Date Reques	t to COMS:	04-02-2019	

Name (last, f	ïrst middle):		
Date of Birth (m	m-dd-yyyy):		
Social Secur	ity Number:		
F	Phone - cell:		
Phone	- alternate:		
	Address:		
City	, State, Zip:		
	ed Location:	Billings	• Helena
Availability (within no	ext two weeks):	Anytime	<b>O</b> 1.1313112
3 (	,		
Purpose:   OF	re-Placement	t OAnnual	Other
Туре:	valuation	Examina	(specify) tion
Components:	☑ Imm	unity Panel	☑ T-Spot TB Screening
	☐ Urine	e Drug Screen	
Special Job Titles:	☐ Boile	r Plant Operator	
	☐ Firefi	ighter	☐ Police Officer
	☐ Moto	r Vehicle Operato	r & Incidental Driver
Other	r: 🔲		
Montana VA HCS	Signature:	Mishanda D. Wojcied	Chowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.04.04 13:08:02 -06'00'
Authorized Fee:		\$477.63	
Date Reques		04-04-2019	
Date request to COMS.			

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		Billings	Helena
Availability (within next	two weeks):	N/A	<b>O</b> 7.333.3
	-Placement Iuation	t Annual Examinati	Other Review (specify)
Components:	_	unity Panel e Drug Screen	☐ T-Spot TB Screening
Special Job Titles:	☐ Boile	er Plant Operator	
	☐ Firef	ighter	☐ Police Officer
	☐ Moto	or Vehicle Operator	& Incidental Driver
Other:			
<u>Montana VA HCS</u> Si	ignature:	Mishanda D. Wojciech 1706839	OWSki Digitally signed by Mishanda D. Wojclechowski 1706839 Date: 2019.04.09 08:09:09 -06'00'
	zed Fee:	\$325.00	
Date Request to	COMS:	04-09-2019	

Name (last, first	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	Helena
Availability (within next t	wo weeks):	Anytime	
Purpose: Pre-	-Placemen	t OAnnual	Other
Type: OEva	luation	Examinat	(specify)
Components:		unity Panel e Drug Screen	☑ T-Spot TB Screening
Special Job Titles:	☐ Boile	er Plant Operator	
	☐ Firef	ighter	☐ Police Officer
	☐ Moto	or Vehicle Operator	& Incidental Driver
Other:			
Montana VA HCS Si	gnature:	Mishanda D. Wojciech 1706839	Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.04.10 07:46:34 -06'00'
Authorized Fee:		\$535.00	
Date Request to		04-10-2019	

Phone - al	d-yyyy): lumber: ne - cell: ternate: ddress:			
Preferred Lo		O Billings Anytime	• Hel	ena
	o weeks): Placement		Other	(specify)
Components:		unity Panel e Drug Screen	☑ T-Spot TB	Screening
Special Job Titles:	☐ Firefi	er Plant Operator ighter or Vehicle Operato	☐ Police Officer Police Officer & Incidental Drive	
Other:				
Montana VA HCS Sig	nature:	Mishanda D. Wojciec 1706839	Chowski Digitally signed by Mi Wojciechowski 17068 Date: 2019.04.10 10:	339
Authorize	ed Fee:	\$535.00		
Date Request to COMS:		04-10-2019		

Name (last, fir	st middle):		
Date of Birth (mn	n-dd-yyyy):		
Social Securit	y Number:		
Ph	none - cell:		
Phone -	- alternate:		
	Address:		
City,	State, Zip:		
Preferred	d Location:	OBillings	Helena
Availability (within nex	t two weeks):	Anytime	
Purpose:	e-Placement	t OAnnual	Other
Type: OEv	aluation	<ul><li>Examinat</li></ul>	(specify)
Components:	☑ Imm	unity Panel	☑ T-Spot TB Screening
	☑ Urine	e Drug Screen	
Special Job Titles:	☐ Boile	r Plant Operator	
	_	ghter	☑ Police Officer
			& Incidental Driver
Other:		venicie Operator	a incidental Driver
Other.	ш		
Montana VA HCS	Signature:	Mishanda D. Wojciech 1706839	NOWSKI Digitally signed by Mishanda D. Wojclechowski 1706839 Date: 2019.04.10 13:10:00 -06'00'
Authorized Fee:		\$2309.00	
Date Request	to COMS:	04-10-2019	

Name	(last, first	middle):		
Date of Bi	rth (mm-c	ld-yyyy):		
Social	Security I	Number:		
	Pho	ne - cell:		
I	Phone - a	Iternate:		
	ļ	\ddress:		
	City, St	ate, Zip:		
Р	referred L	-	Billings	O Helena
Availability (			Anytime	Tiolona
, , , , , , , , , , , , , , , , , , ,	, in the state of	io moonoji		
Purpose:	●Pre-	Placement	Annual	Other
Туре:	Eval	uation	Examina	(specify)
Components		✓ Immu	unity Panel	☑ T-Spot TB Screening
			Drug Screen	
			Ü	
Special Job T	itles:	☐ Boile	r Plant Operator	
		☐ Firefi	ghter	☐ Police Officer
		☐ Moto	r Vehicle Operato	or & Incidental Driver
	Other:			
Montana VA	HCS Sid	gnature:	Mishanda D. Wojcie 1706839	Chowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.04.10 13:39:01 -06'00'
	Authoriz		\$477.63	
Date R			04-10-2019	9
Date Request to COMS:				

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		Billings	O Helena
Availability (within next	wo weeks):	Anytime	
•	,		
Purpose:   Pre	-Placemen	t OAnnual	Other
Type:	luation	Examina	(specify)
Components:	☑ Imm	unity Panel	☑ T-Spot TB Screening
	☐ Urine	e Drug Screen	
Special Job Titles:	☐ Boile	er Plant Operator	
	☐ Firef	ighter	☐ Police Officer
	☐ Moto	or Vehicle Operato	r & Incidental Driver
Other:	$\Box$		
<u>Montana VA HCS</u> Si	gnature:	Mishanda D. Wojcied	Chowski Digitally signed by Mishanda D. Wojciechowski 1708839 Date: 2019.04.10 13:46:55 -06'00'
	zed Fee:	\$477.63	
		04-10-2019	
Date Request to COMS:			

Name (last, first	middle):		
Date of Birth (mm-c	ld-yyyy):		
Social Security	Number:		
Pho	ne - cell:		
Phone - a	lternate:		
/	Address:		
City, St	ate, Zip:		
Preferred L	ocation:	Billings	<ul><li>Helena</li></ul>
Availability (within next to	vo weeks):	Anytime	
Purpose: Pre-	Placemen	t OAnnual	Other
Type: OEval	uation	Examinat	(specify)
Components:	_	unity Panel e Drug Screen	☑ T-Spot TB Screening
Special Job Titles:	☐ Boile	er Plant Operator	
	☐ Firef	ighter	☐ Police Officer
	☐ Moto	or Vehicle Operator	& Incidental Driver
Other:			
Montana VA HCS Sig	gnature:	Mishanda D. Wojciech 1706839	OWSki Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.04.11 13:04:36 -06'00'
 Authoriz		\$815.00	
Date Request to		04-11-2019	

Name (last, first	middle):		
Date of Birth (mm-	dd-yyyy):		
Social Security	Number:		
Pho	ne - cell:		
Phone - a	alternate:		
	Address:		
City, S	tate, Zip:		
Preferred L	-	Billings	• Helena
Availability (within next t		Anytime	
<b>,</b> (	,.		
Purpose:   Pre-	Placemen	t OAnnual	Other
Type: OEva	luation	Examinat	(specify)
Components:	✓ Imm	unity Panel	☑ T-Spot TB Screening
	✓ Urine	e Drug Screen	
Special Job Titles:	☐ Boile	er Plant Operator	
	☐ Firef	ïghter	☐ Police Officer
	☐ Moto	or Vehicle Operator	- & Incidental Driver
Other:			
Montana VA HCS Si	gnature:	Mishanda D. Wojciec 1706839	howski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.04.11 16:38:28 -06'00'
	zed Fee:	\$860.00	
Date Request to		04-11-2019	
24.0 1.044001.10 001010.		•	

Name (last, first	middle):		
Date of Birth (mm-dd-yyyy):			
Social Security I	Number:		
Phor	ne - cell:		
Phone - a	lternate:		
A	Address:		
City, St	ate, Zip:		
Preferred L	ocation:	OBillings	Helena
Availability (within next tv	vo weeks):	Anytime	
Purpose:   Pre-l	Placemen	t OAnnual	Other
Type: OEvalu	uation	Examination	(specify)
Components:	☑ Imm	unity Panel	☑ T-Spot TB Screening
	☑ Urine	e Drug Screen	
Special Job Titles:	☐ Boile	er Plant Operator	
	☐ Firef	ighter	☐ Police Officer
	☐ Moto	or Vehicle Operator 8	& Incidental Driver
Other:			
<u>Montana VA HCS</u> Sig	gnature:	Mishanda D. Wojciecho 1706839	DWSKI Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.04.11 17:34:04 -06'00'
Authoriz		\$860.00	
Date Request to		04-11-2019	

Name (	last, first i	middle):		_	
Date of Bir	th (mm-d	d-yyyy):		_	
Social S	Security N	lumber:		_	
	Phor	ne - cell:			
P	hone - al	ternate:			
	А	ddress:			
	City, Sta	ate. Zip:			
Pro	eferred L		Billings	◯ Helena	
Availability (w			Anytime	Tiolona	
Availability (W	viuiiii ilext tw	o weeks).			
Purpose:	●Pre-F	Placement	Annual	Other	
Туре:	Evalu	uation	Examinati	(specify)	
Components:		☑ Immi	unity Panel	☑ T-Spot TB Screer	ning
		☐ Urine	Drug Screen		
			· ·		
Special Job T	itles:	☐ Boile	r Plant Operator		
		☐ Firefi	ghter	☐ Police Officer	
		☐ Moto	r Vehicle Operator	& Incidental Driver	
	Other:				
Montana VA F	HCS Sic	ınature:	Mishanda D. Wojciech 1706839	Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.04.11 17:44:44 -06'00'	
	Authoriz		\$490.00		
Date Re			04-11-2019		
Date Request to COMS:					

Name (las	t, first middle):	_		_
Date of Birth (mm-dd-yyyy):				
Social Sec	curity Number:			
	Phone - cell:			
Pho	ne - alternate:			
	Address:			
С	ity, State, Zip:			_
	rred Location:	Billings	O Helena	
Availability (within		Anytime	<b>O</b> 1.10.011.0	
Purpose: C	)Pre-Placement )Evaluation	Annual  Examina	Other Audio, EKG, HgbA (specify)	1c —
Components:		unity Panel Drug Screen	☐ T-Spot TB Screening	
Special Job Title		r Plant Operator	D Dell's a Office	
	☐ Firefi		☐ Police Officer	
		r Vehicle Operator	r & Incidental Driver	
Oth	ner: 🔲			_
Montana VA HCS	Signature:	Mishanda D. Wojciec 1706839	howski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.04.17 14:36:17 -06'00'	_
Αι	thorized Fee:	\$259.00		
Date Requ	est to COMS:	04-17-2019		

Name (last, first	middle):		
Date of Birth (mm-d	d-yyyy):		
Social Security N	lumber:		
Phor	ne - cell:		
Phone - al	ternate:		
Α	ddress:		
City, Sta	ate. Zip:		
Preferred L		Billings	Helena
Availability (within next tw		Anytime	O Holona
7 (Validatine) (Within Hext tw	o weeks).		
Purpose: Pre-l	Placement	Annual	Other
Type: OEvalu	uation	<ul><li>Examinat</li></ul>	(specify)
,,		0	
Components:	☑ Immu	unity Panel	☑ T-Spot TB Screening
		Drug Screen	
		· ·	
Special Job Titles:	☐ Boile	r Plant Operator	
	☐ Firefi	ghter	☐ Police Officer
	☐ Moto	r Vehicle Operator	& Incidental Driver
Other:			
Montana VA HCS Sig	gnature:	Mishanda D. Wojciect 1706839	howski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.04.19 09:46:21 -06'00'
Authoriz		\$815.00	
		04-19-2019	
Date Request to COMS:			N. C.

Name (last, firs	t middle):	-	
Date of Birth (mm-dd-yyyy):		-	
Social Security	Number:	-	
Pho	one - cell:		
Phone -	alternate:		
	Address:		
Citv. S	State, Zip:	-	
Preferred		Billings	• Helena
Availability (within next		Anytime	Ticicila
Transmity (within hext	two weeks).		
Purpose: Pre	-Placemen	t Annual	Other
Type: OEva	aluation	<ul><li>Examination</li></ul>	(specify)
,,			
Components:	☑ Imm	unity Panel	☑ T-Spot TB Screening
	_	e Drug Screen	g
Special Job Titles:	☐ Boile	er Plant Operator	
	☐ Firef	ighter	☐ Police Officer
	☐ Moto	or Vehicle Operator	& Incidental Driver
Other:		•	
<u>Montana VA HCS</u> S	ignature:	Mishanda D. Wojciech 1706839	OWSKI Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.04.19 10:24:46 -06'00'
	zed Fee:	\$815.00	
Date Request to		04-19-2019	
Date Hoquet to COMO.			

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):	Anytime
Purpose: Pre-Placemen  Type: Evaluation	ot Other(specify)  Examination
_	e Drug Screen
Special Job Titles: 🔲 Boile	er Plant Operator
☐ Fire	fighter
☐ Moto	or Vehicle Operator & Incidental Driver
Other:	
Montana VA HCS Signature:	Mishanda D. Wojciechowski 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

Name (I	ast, first r	niddle):			
Date of Birt	th (mm-do	d-yyyy):			
Social S	Security N	lumber:			
	Phon	e - cell:			
Р	hone - al	ternate:			
	A	ddress:			
	City, Sta	ite, Zip:			
Pre	eferred Lo	•	Billings	• Hele	ena
Availability (w			Anytime		
, iranaamiy (ii	THE HOXE CH	o moono,.			
Purpose:	●Pre-F	Placement	Annual	Other	
Туре:	Evalu	ıation	Examinat	ion	(specify)
Components:		☑ Immi	unity Panel	☑ T-Spot TB	Screening
		☑ Urine	e Drug Screen		
Special Job Ti	itles:	☐ Boile	r Plant Operator		
		☐ Firefi	ghter	☐ Police Office	er
		☐ Moto	r Vehicle Operator	· & Incidental Drive	r
	Other:				
Montana VA F	ICS Sia	nature:	Mishanda D. Wojciec 1706839	howski Digitally signed by Mi Wojciechowski 17068 Date: 2019.04.19 10:	39
	Authorize		\$535.00		
Date Re			04-19-2019		
Date Request to COMS:					

Name	(last, first	middle):		
Date of Bi	rth (mm-d	ld-yyyy):		
Social	Security I	Number:		
	Pho	ne - cell:		
F	Phone - a	Iternate:		
	P	Address:		
		ate, Zip:		
Di	referred L		OBillings	Helena
			Anytime	Helena
Availability (	witnin next tv	vo weeks).		
Purpose:	●Pre-l	Placement	Annual	Other
Туре:	Eval	uation	Examination	(specify)
Components:		☑ Immi	unity Panel	☑ T-Spot TB Screening
			Drug Screen	
Special Job T	itles:	☐ Boile	r Plant Operator	
		☐ Firefi	ghter	☐ Police Officer
		☐ Moto	r Vehicle Operator	& Incidental Driver
	Other:		·	
			Mishanda D. Wojciech	owski Digitally signed by Mishanda D.
<u>Montana VA I</u>	<u>HCS</u> Sig	ınature:	1706839	Wojciechowski 1706839 Date: 2019.04.23 14:25:19 -06'00'
	Authoriz	ed Fee:	\$815.00	
Date Re	equest to	COMS:	04-23-2019	
the second of th				

Name (last, first n	niddle):		
Date of Birth (mm-dd	І-уууу):		
Social Security N	umber:		
Phone	e - cell:		
Phone - alt	ernate:		
Ad	ddress:		
City, Sta	te, Zip:		
Preferred Lo		Billings	O Helena
Availability (within next two		Anytime	<b>O</b> 1.3.5
, , , , , , , , , , , , , , , , , , , ,	,.		
Purpose: Pre-P	lacement	Annual	Other
Type:	ation	Examinatio	(specify)
		•	
Components:	☑ Immi	unity Panel	☑ T-Spot TB Screening
	☐ Urine	Drug Screen	
Special Job Titles:	☐ Boile	r Plant Operator	
	☐ Firefi	ighter	☐ Police Officer
	☐ Moto	r Vehicle Operator &	Incidental Driver
Other:	O		
Montana VA HCS Sign	nature:	Mishanda D. Wojciecho 1706839	WSki Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.04.24 11:36:20 -06'00'
Authorize		\$477.63	
Date Request to 0		04-24-2019	

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):	N/A
<b>,</b> (,	
Purpose: OPre-Placemer	nt OAnnual Oother Review
Type: Evaluation	(specify)  Examination
,	
Components:	nunity Panel
	ne Drug Screen
Special Job Titles: 🔲 Boil	er Plant Operator
☐ Fire	fighter
☐ Mot	or Vehicle Operator & Incidental Driver
Other:	
<u> </u>	Mishanda D. Woiciechowski   Digitally signed by Mishanda D.
Montana VA HCS Signature:	Mishanda D. Wojciechowski 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

Name (last, first r	niddle):		
Date of Birth (mm-do	d-yyyy):		
Social Security N	umber:		
Phon	e - cell:		
Phone - alt	ternate:		
А	ddress:		
City, Sta	ite, Zip:		
Preferred Lo	ocation:	Billings	O Helena
Availability (within next tw	o weeks):	Anytime	
Type: OEvalu	Placement uation	Examination	
Components:		unity Panel	
Special Job Titles:	☐ Boile	e Drug Screen  r Plant Operator  ighter  r Vehicle Operator &	☐ Police Officer
Other:			
Montana VA HCS Sig	gnature:	Mishanda D. Wojciecho 1706839	Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.04.24 13:19:22 -06'00'
Authoriz	ed Fee:	\$860.00	
Date Request to COMS:		04-24-2019	W Allen

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	
Type: Evaluation	(specify) Examination
·	unity Panel
_	r Plant Operator ghter
Other: $\square$	r Vehicle Operator & Incidental Driver
Montana VA HCS Signature:	Mishanda D. Wojciechowski 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

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-Placemen	nt Annual / Recurring Other	
Type: Evaluation	Examination	pecify)
_	unity Panel	
	er Plant Operator	
	ighter	
	or Vehicle Operator & Incidental Driver	
Other: L	· · · · · · · · · · · · · · · · · · ·	
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.04.26 13:32:36 -06'00'	
Authorized Fee:	\$860.00	
Date Request to COMS:	04-26-2019	

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-Placemen		
Type: Evaluation	Examination	ecify)
	unity Panel	
Special Job Titles:	r Plant Operator	
_	ighter	
_	r Vehicle Operator & Incidental Driver	
Other:		
Other:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839  Date: 2019.04.29 15:51:41 -06'00'	

## VA-2019-04-HR-Intake 28 of 29 S,MC 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:  Purpose:   Pre-Placement	Helena  Annual / Recurring Other	(specify)
Type: Evaluation	<ul><li>Examination</li></ul>	(0,000)
-	unity Panel	
☐ Firefi	r Plant Operator ghter	
	r Vehicle Operator & Incidental Driver	
Other: 🚨		-
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839  Date: 2019.04.30 10:07:31 -06'00'	
Authorized Fee:	\$815.00	
Date Request to COMS:	04-30-2019	

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-Placemen	t Annual / Recurring Other	
Type: Evaluation	<ul><li>Examination</li></ul>	(specify)
Components: Imm	unity Panel	
✓ Urine	e Drug Screen	
Special Job Titles:  Boile	r Plant Operator —	
☐ Firef	ighter	
☐ Moto	r Vehicle Operator & Incidental Driver	
Other:		
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839  Date: 2019.04.30 14:17:49 -06'00'	
Authorized Fee:	\$860.00	
Date Request to COMS:	04-30-2019	