☐ Urine Special Job Titles: ☐ Boile ☐ Firef	unity Panel	
Special Job Titles: Boile Firef Moto	er Plant Operator gighter	
☐ Urine Special Job Titles: ☐ Boile ☐ Firef ☐ Moto	e Drug Screen er Plant Operator fighter	
☐ Urine Special Job Titles: ☐ Boile ☐ Firef	e Drug Screen er Plant Operator fighter	
☐ Urine Special Job Titles: ☐ Boile	e Drug Screen er Plant Operator	
☐ Urine	e Drug Screen	
_		
Components:	unity Panel	
Type: Evaluation	Examination	
Purpose: Pre-Placemen	at Annual / Recurring Other(specify)	
Preferred Clinic Location:	Helena	
Special Note:		
City, State, Zip:		
Address:		
E-Mail:		
Phone - alternate:		
Phone - cell:		
Social Security Number.		
Social Security Number:		
Name (last, first middle): Date of Birth (mm-dd-yyyy): Social Security Number:		

VA-2019-05-HR-Intake 2 of 32 H,JR		
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:	Examination	(specify)
-	unity Panel T-Spot TB Screening Prug Screen	
☐ Firefi	er Plant Operator ighter	
Other:	or Vehicle Operator & Incidental Driver	
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.02 14:15:55 -06'00'	
Authorized Fee:	\$477.63	
Date Request to COMS:	05-02-2019	

VA-2019-05-HR-Intake 3 of 32 H,JR

	t middle):		
Date of Birth (mm-	dd-yyyy):		
Social Security	Number:		
Pho	one - cell:		
Phone -	alternate:		
	E-Mail:		
	Address:		
City, S	State, Zip:		
	cial Note:		
Preferred Clinic	Location:	Helena	
Purpose: • Pr	e-Placement	Annual / Recurring Other	(specify)
Type:	aluation	Examination	(эреспу)
)/··			
71 -	_	_	
Components:	☑ Immu	unity Panel	
		unity Panel	
Components:	☐ Urine	e Drug Screen	
	☐ Urine☐ Boile	r Plant Operator	
Components:	☐ Urine ☐ Boile ☐ Firefi	e Drug Screen r Plant Operator ghter	
Components:	☐ Urine ☐ Boile ☐ Firefi	r Plant Operator	
Components:	☐ Urine ☐ Boile ☐ Firefi	e Drug Screen r Plant Operator ghter	
Components: Special Job Titles: Other:	☐ Urine ☐ Boile ☐ Firefi	e Drug Screen r Plant Operator ghter	_
Components: Special Job Titles: Other: Montana VA HCS	☐ Urine ☐ Boile ☐ Firefi ☐ Moto ☐	Plant Operator ghter	_

DS

	ast, first r	nidale):		
Date of Bir	th (mm-do	d-yyyy):		
Social S	Security N	lumber:		
	Phon	e - cell:		
Р	hone - alt	ternate:		
		E-Mail:		
	А	ddress:		
	City, Sta	ate, Zip:		
		al Note:		
	- 1			
Preferre	d Clinic Lo	ocation.	Helena	
1 1010110	3 011110 20	Joanori.	Toona	
Purpose:	Pre-l	Placemen	t Annual / Recurring Other	
Type:	Eval	uation	Examination	(specify)
Components:		☑ Immu	unity Panel	
Components:		_	unity Panel	
Components:		_		
Components: Special Job T		☑ Urine		
·		☑ Urine☐ Boile	e Drug Screen	
·		☑ Urine☐ Boile☐ Firefi	r Plant Operator	
·		☑ Urine☐ Boile☐ Firefi	e Drug Screen r Plant Operator ghter	_
Special Job T	itles: Other:	Urine Boile Firefi Moto	e Drug Screen r Plant Operator ghter	_
·	itles: Other: <u>HCS</u> Sig	☑ Urine ☐ Boile ☐ Firefi ☐ Moto ☐	Plant Operator ghter	_
Special Job T	itles: Other:	Urine Boile Firefi Moto gnature: ed Fee:	Police Officer T Vehicle Operator & Incidental Driver Mishanda D. Wojciechowski 1706839 Date: 2019.05.07 10:58:53 -06'00'	-

VA-2019-05-HR-Intake 5 of 32 C,NL		
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 Type: Evaluation	9	pecify)
Components:	unity Panel	
☐ Firefi	r Plant Operator ghter	
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.07 11:30:32 -06'00'	
Montana VA HCS Signature: Authorized Fee:	1706030 Wojciechowski 1706839	

A-2019-05-HR-Intake 6 of 32 M,JM		
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	(specify))
Type: Evaluation	Examination	
· —	unity Panel	
Special Job Titles: Boile	r Plant Operator	
☐ Firefi	ghter	
☐ Moto	r Vehicle Operator & Incidental Driver	
Other: \Box		
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.08 14:29:03 -06'00'	
Authorized Fee:	\$154.24	
Date Request to COMS:	05-08-2019	

A-2019-05-HR-Intake 7 of 32 K,RG		
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 t Annual / Recurring Other	(specify)
Type: Evaluation	Examination	(specify)
	unity Panel	
Firefi	er Plant Operator ighter	
Other:		_
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.08 13:53:20 -06'00'	-
Authorized Fee:	\$815.00	-
Date Request to COMS:	05-08-2019	_

A-2019-05-HR-Intake 8 of 32 A,K		
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-Placemen Type: Evaluation	t Annual / Recurring Other	
_	unity Panel	
☐ Firef	er Plant Operator ighter	
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.08 16:54:18 -06'00'	
Authorized Fee:	\$815.00	
Date Request to COMS:	05-08-2019	

19-05-HR-Intake 9 of 32 Z-H,CA	·
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:	
Purpose: Pre-Placemen Type: Evaluation	Annual / Recurring Other DEMPS (specify)
	unity Panel
Firef	er Plant Operator ighter
Other: \square Moto	or Vehicle Operator & Incidental Driver
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.08 17:18:59 -06'00'
Authorized Fee:	\$1423.00
Date Request to COMS:	05-08-2019

Montana VA HCS - Medical Evaluation or Examination Request VA-2019-05-HR-Intake 10 of 32 Z,LL 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 Pre-Placement Annual / Recurring Purpose: Other (specify) Evaluation Examination Type: Immunity Panel ☑ T-Spot TB Screening Components: Urine Drug Screen **Boiler Plant Operator** Special Job Titles: Police Officer Firefighter Motor Vehicle Operator & Incidental Driver Other:

Montana VA HCS Signature:

Mishanda D. Wojciechowski 1706839

Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.15 11:55:27 -06'00'

Authorized Fee:

\$815.00

Date Request to COMS:

05-15-2019

2019-05-HR-Intake 11 of 32 N,GA		
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	t Annual / Recurring Other	
Type: Evaluation	Examination	(specify)
Components:	unity Panel	
☐ Urine	e Drug Screen	
	er Plant Operator	
□ Firef	ighter	
Moto	or Vehicle Operator & Incidental Driver	
Other: $lacksquare$		_
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.15 16:40:57 -06'00'	
Authorized Fee:	\$815.00	-
Date Request to COMS:	05-15-2019	-
		-

2019-05-HR-Intake 12 of 32 H,MC	
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-Placemen Type: Evaluation	Helena Annual / Recurring Other Examination Other
<u> </u>	unity Panel
Special Job Titles:	er Plant Operator
☐ Firef	ighter
☐ Moto	or Vehicle Operator & Incidental Driver
Other: \square	
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.15 17:18:27 -06'00'
Authorized Fee:	\$325.00
Date Request to COMS:	05-15-2019
•	

VA-2019-05-HR-Intake	13 of 32 W,JM
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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 REVIEW
Type: Evaluation	(specify)
Components:	unity Panel
☐ Urine	e Drug Screen
<u></u>	
Special Job Titles:	er Plant Operator
☐ Firef	ighter
☐ Moto	or Vehicle Operator & Incidental Driver
Other: \square	
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.15 18:03:18 -06'00'
Authorized Fee:	\$100.00
Date Request to COMS:	05-15-2019

Billings
Annual / Recurring Other
(specify)
nity Panel
Drug Screen
Drug Corcon
Plant Operator
hter
Vehicle Operator & Incidental Driver
Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.20 11:56:44 -06'00'
\$477.63
05-20-2019

19-05-HR-Intake 15 of 32 S,S	
Name (last, first middle)	:
Date of Birth (mm-dd-yyyy)	
Social Security Number	. :
Phone - cel	
Phone - alternate	:
E-Mai	
Address	
City, State, Zip	:
Special Note	
Preferred Clinic Location Purpose: Pre-Placen	
Type: Evaluation	Examination
. –	mmunity Panel
Special Job Titles:	soiler Plant Operator
□ F	irefighter
Пи	Notor Vehicle Operator & Incidental Driver
Other: \Box _	
Montana VA HCS Signature	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.20 21:15:12 -06'00'
Authorized Fee	9: \$860.00
Date Request to COMS	s: <u>05-20-2019</u>

-2019-05-HR-Intake 16 of 32 M,MC		
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-Placem	nent O Annual / Recurring Other	
Type: Evaluation	(specify) Examination	
Components:	nmunity Panel	
☑ ∪	rine Drug Screen	
_		
Special Job Titles:	oiler Plant Operator	
∐ Fi —	refighter	
□ м	otor Vehicle Operator & Incidental Driver	
Other: \square _		
Montana VA HCS Signature	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.22 13:15:44-06'00'	
Authorized Fee	\$860.00	
Date Request to COMS	05-22-2010	
= 3.10 . 10 7 3 0 0 1 10 0 0 10 10		

VA-2019-05-HR-Intake 17 of 32 L,LR	
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	<u> </u>
Type: Evaluation	(specify) Examination
Components:	nity Panel
☐ Urine	Drug Screen
o — — — — — — — — — — — — — — — — —	
_	Plant Operator
☐ Firefi	
_	Vehicle Operator & Incidental Driver
Other: 🚨	
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.22 13:24:30 -06'00'
Authorized Fee:	\$815.00
Date Request to COMS:	05-22-2019

019-05-HR-Intake 18 of 32 K,MH	
Name (last, first midd	dle):
Date of Birth (mm-dd-yy	vyy):
Social Security Num	ber:
Phone - o	cell:
Phone - altern	ate:
E-N	Mail:
Addre	ess:
City, State,	Zip:
Special N	lote:
Preferred Clinic Locat	tion: Billings
Purpose: Pre-Place	cement Annual / Recurring Other
Type: Evaluation	(specify)
Components:	Immunity Panel
	Urine Drug Screen
Special Job Titles:	Boiler Plant Operator
	Firefighter
	Motor Vehicle Operator & Incidental Driver
Other:	
Montana VA HCS Signat	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.22 14:14:45 -06'00'
Authorized F	\$490.00
Date Request to CO	05-22-2010
Date Nequest to CO	/IVIO

A-2019-05-HR-Intake 18 of 32 M,EK		
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-Placemen	Billings at Annual / Recurring Other	
Type: Evaluation	•	(specify)
_	unity Panel	
Special Job Titles: Boile	er Plant Operator	
☐ Firef	ighter	
☐ Moto	or Vehicle Operator & Incidental Driver	
Other: \square		
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.22 16:08:56 -06'00'	
Authorized Fee:	\$535.00	
Date Request to COMS:	05-22-2019	

VA-2019-05-HR-Intake 20 of 32 P,KA

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	(specify) Examination	
Components:	unity Panel	
☑ Urine	Drug Screen	
Special Job Titles:	r Plant Operator	
☐ Firefi	_	
_	r Vehicle Operator & Incidental Driver	
Other:	r verilide Operator & molderital briver	
Other.		
Montana VA HCS Signature:	Mishanda D. Wojciechowski 1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.22 16:46:09 -06'00'	
Authorized Fee:	\$860.00	
Date Request to COMS:	05-22-2019	

/A-2019-05-HR-Intake 21 of 32 M,RJ	
Name (last, first mid	ddle):
Date of Birth (mm-dd-)	yyyy):
Social Security Nur	mber:
Phone	- cell:
Phone - alter	rnate:
E-	-Mail:
Ado	dress:
City, State	e, Zip:
Special	Note:
Preferred Clinic Loc	ation: Helena
Purpose: Pre-Pla	acement Annual / Recurring Other
Type: Evalua	ation (specify) 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 Signa	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Tature: Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.23 11:54:23 -06'00'
Authorized	t Fee: \$490.00
Date Request to C	OMS: 05-23-2019

VA-2019-05-HR-Intake 22 of 32 S,LB	
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	<u> </u>
Type:	(specify) Examination
Components:	unity Panel
☐ Urine	Drug Screen
Special Job Titles: Boile	r Plant Operator
☐ Firefi	
_	r Vehicle Operator & Incidental Driver
Other:	Tomolo Operator a molacinar Billor
	Mishanda D. Wojciechowski Digitally signed by Mishanda D.
Montana VA HCS Signature:	1706839 Wojciechowski 1706839 Date: 2019.05.23 13:57:00 -06'00'
Authorized Fee:	\$477.63
Date Request to COMS:	05-23-2019

2019-05-HR-Intake 23 of 32 W,NJ		
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-Placemen		(specify)
Type: Evaluation	Examination	
Components:	unity Panel	
☑ Urine	e Drug Screen	
Special Job Titles: D Boile	er Plant Operator	
☐ Firef	ighter	
☐ Moto	or Vehicle Operator & Incidental Driver	
Other:		-
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.23 16:25:09 -06'00'	
Authorized Fee:	\$860.00	
Date Request to COMS:	05-23-2019	

Type Com Spe	pose:	Profest	☐ Urind	Helena Annual / Recurring Other Examination T-Spot TB Screening Tellow Drug Screen The Drug Screen The Police Officer Tor Vehicle Operator & Incidental Driver Mishanda D. Wojciechowski Toesase Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.24 10:24:52-0600' \$1386.47 05-24-2019	(specify)
Type Com Spe	pose: e: nponents:	Pro Ev	e-Placemen valuation Imm Urine Boile Firef Moto	Annual / Recurring Other Examination T-Spot TB Screening The Drug Screen The Police Officer To Vehicle Operator & Incidental Driver Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski (Moleichowski 1706839)	(specify)
Typo	pose: e: nponents:	Pro Ev	e-Placemen raluation Imm Uring Boile	Annual / Recurring Other Examination T-Spot TB Screening The Drug Screen The Plant Operator The Police Officer	(specify)
Typo	pose: e: nponents:	○ Pro ○ Ev	e-Placemen raluation Imm Uring Boile	Annual / Recurring Other Examination T-Spot TB Screening The Drug Screen The Plant Operator The Police Officer	(specify)
Typo	pose: e: nponents:	○ Pro ○ Ev	e-Placemer raluation Imm Urin	Annual / Recurring Other Examination T-Spot TB Screening The Drug Screen The Plant Operator	(specify)
Тур	pose: e:	○ Pro	e-Placemer raluation Imm	nt	(specify)
Тур	pose: e:	○ Pro	e-Placemer aluation	nt	(specify)
_	pose:	O Pro	e-Placemer	nt	(specify)
Purp					(specify)
	Preferre	d Clinic	Location:	Helena	
		Spe	cial Note:		
		City, S	State, Zip:		
			E-Mail: Address:		
	F	hone -	alternate:		
			one - cell:		
	Social S	Security	Number:		
D	ate of Bir	th (mm-	-dd-yyyy):		
	Name (last, firs	t middle):		

/A-2019-05-HR-Intake 25 of 32 M, R		
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	t Annual / Recurring Other	
Type: Evaluation	Examination	(specify)
Components:	unity Panel	
☐ Urine	e Drug Screen	
_		
Special Job Titles: Boile	r Plant Operator	
☐ Firefi	ghter	
☐ Moto	r Vehicle Operator & Incidental Driver	
Other:		_
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.28 11:21:24 -06'00'	
Authorized Fee:	\$815.00	
Date Request to COMS:	05-28-2019	

	05-28-2019	
Authorized Fee:	\$860.00	_
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.28 11:28:04 -06'00'	_
Other:		_
_	or Vehicle Operator & Incidental Driver	
_	ighter	
Special Job Titles: Boile	r Plant Operator	
☑ Urine	e Drug Screen	
Components:	unity Panel	
Type: Evaluation	Examination	
Purpose: Pre-Placement		(specify)
Preferred Clinic Location:	Helena	
Special Note:		
City, State, Zip:		
Address:		
E-Mail:		
Phone - alternate:		
Phone - cell:		
Social Security Number:		
Date of Birth (mm-dd-yyyy):		
Name (last, first middle):		

Date Request to COMS:	05-28-2019	
Authorized Fee:	\$815.00	-
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.28 11:32:43 -06'00'	_
Other: \square	or Vehicle Operator & Incidental Driver	_
_	ighter	
Special Job Titles:	er Plant Operator	
-	unity Panel	
Type: Evaluation	Examination	(specify)
Purpose: Pre-Placement	t Annual / Recurring Other	
Preferred Clinic Location:	Helena	
Special Note:		
City, State, Zip:		
Address:		
Phone - alternate: E-Mail:		
Phone - cell:		
Social Security Number:		
Date of Birth (mm-dd-yyyy):		
Name (last, first middle):		
A-2019-05-HR-Intake 27 of 32 P,MA		

VA-2019-05-HR-Intake 28 of 32 H,JM	
Name (last, first middle):
Date of Birth (mm-dd-yyyy):
Social Security Numbe	r:
Phone - cel	II:
Phone - alternate	e:
E-Mai	il:
Address	5:
City, State, Zip	D:
Special Note	e:
Preferred Clinic Location	n: Helena
Purpose: Pre-Placer	ment Annual / Recurring Other REVIEW
Type: Evaluation	(specify) Examination
Components:	mmunity Panel
	Jrine Drug Screen
<u>_</u>	
Special Job Titles:	Boiler Plant Operator
□ F	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: 2019.05.29 15:25:47 -06'00'
Authorized Fe	\$325.00
Date Request to COMS	05.20.2010

2019-05-HR-Intake 29 of 32 M,JP	
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-Placem Type: Evaluation	
	nmunity Panel
Special Job Titles:	oiler Plant Operator
☐ Fi	refighter
□м	otor Vehicle Operator & Incidental Driver
Other: 🔲 _	
Montana VA HCS Signature	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.29 16:32:40 -06'00'
Authorized Fee	\$860.00
Date Request to COMS	05-20-2010

VA-2019-05-HR-Intake 30 of 32 F,LC		
Name (last, first mi	iddle):	
Date of Birth (mm-dd-y	-yyyy):	
Social Security Nur	umber:	
Phone	e - cell:	
Phone - alter	ernate:	
E	E-Mail:	
Add	dress:	
City, State	e, Zip:	
Special	Note:	
Preferred Clinic Loc	cation: Helena	
Purpose: Pre-Pl	Placement Annual / Recurring Other	
Type: Evalua	ation Examination (specify)	
Components:	☑ Immunity Panel ☑ T-Spot TB Screening	
Γ	☐ Urine Drug Screen	
-		
Special Job Titles: L	☐ Boiler Plant Operator	
L	☐ Firefighter ☐ Police Officer	
L	Motor Vehicle Operator & Incidental Driver	
Other:	L	
Montana VA HCS Sign	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 1706839 Date: 2019.05.30 12:45:48 -06'00'	
Authorized	\$477 63	
Date Request to C	05-30-2010	
Date Nequest to C	DOMO:	

/A-2019-05-HR-Intake 31 of 32 K,PD	
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
_	er Plant Operator
_	or Vehicle Operator & Incidental Driver
Other:	
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.30 12:53:20 -06'00'
Authorized Fee:	\$477.63
Date Request to COMS:	05-30-2019

/A-2019-05-HR-Intake 32 of 32 J,ER		
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	Examination	ліу <i>)</i>
_	unity Panel	
· —	er Plant Operator ighter	
☐ Moto	or Vehicle Operator & Incidental Driver	
Other:		
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.30 12:56:33 -06'00'	
Authorized Fee:	\$477.63	
Date Request to COMS:	05-30-2019	