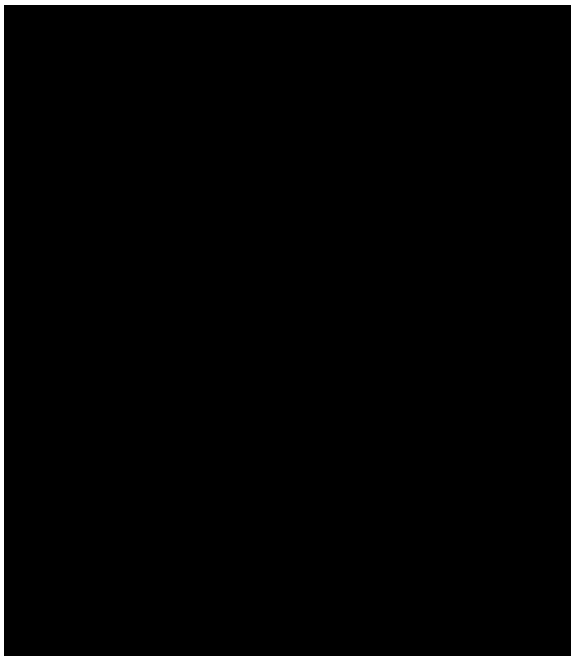


# Montana VA HCS - Medical Evaluation or Examination Request

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: 2019.05.02 13:14:54 -06'00'

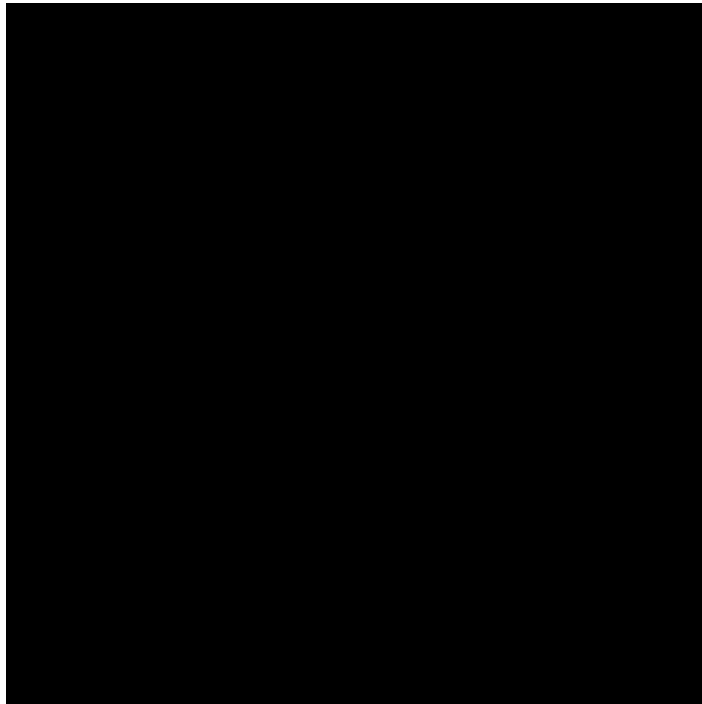
Authorized Fee: \$437.00

Date Request to COMS: 05-02-2019

Montana VA HCS - Medical Evaluation or Examination Request

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-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:  \_\_\_\_\_

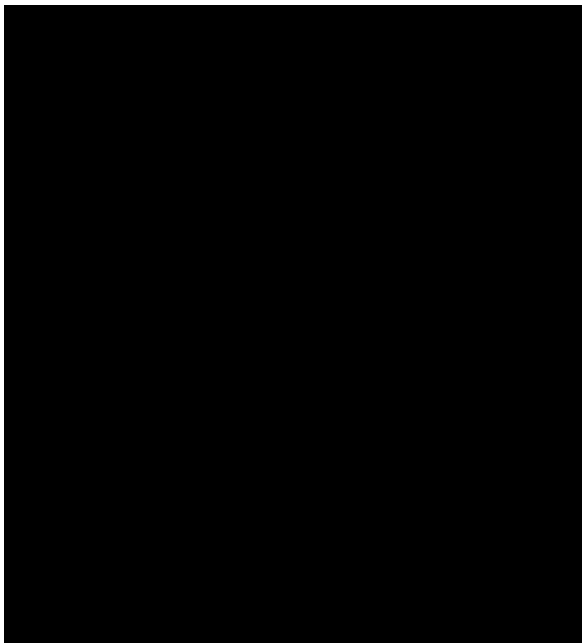
Montana VA HCS Signature: Mishanda D. Wojciechowski 1706839  
Authorized Fee: \$477.63  
Date Request to COMS: 05-02-2019

Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.02 14:15:55 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-05-HR-Intake 3 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-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:  \_\_\_\_\_

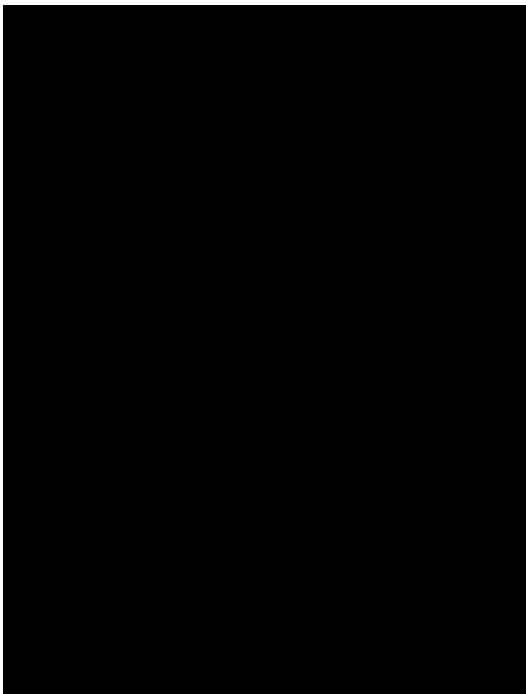
Montana VA HCS Signature: Mishanda D. Wojciechowski 1706839  
Authorized Fee: \$477.63  
Date Request to COMS: 05-02-2019

Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.02 14:18:59 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-05-HR-Intake 4 of 32 W,DS

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:  \_\_\_\_\_

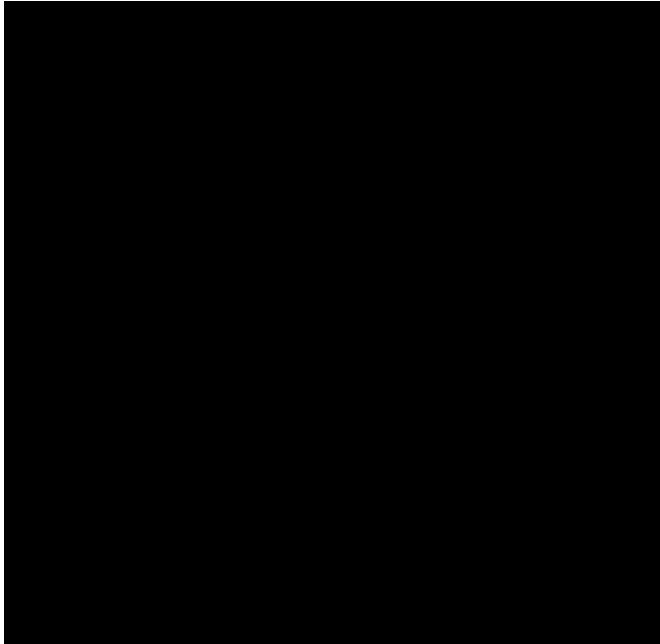
Montana VA HCS Signature: Mishanda D. Wojciechowski  
Authorized Fee: \$860.00  
Date Request to COMS: 05-07-2019

Mishanda D. Wojciechowski 1706839  
Digitally signed by Mishanda D. Wojciechowski 1706839  
Date: 2019.05.07 10:58:53 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

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: 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:  \_\_\_\_\_

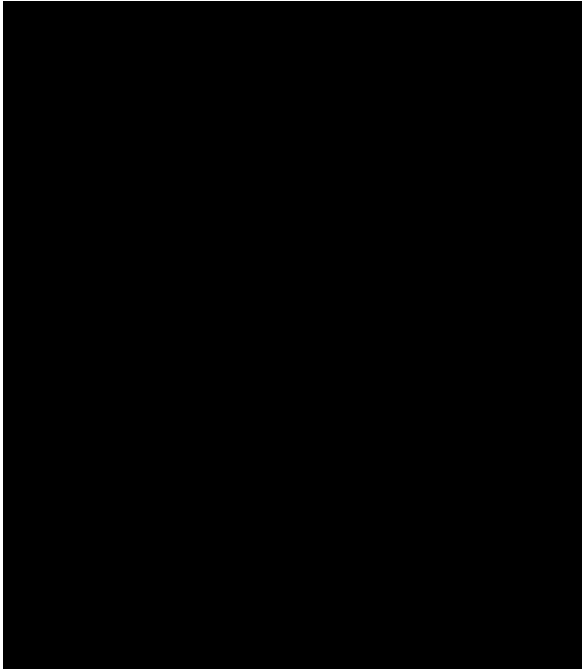
Montana VA HCS Signature: Mishanda D. Wojciechowski  
Authorized Fee: \$860.00  
Date Request to COMS: 05-07-2019

Mishanda D. Wojciechowski 1706839  
Digitally signed by Mishanda D. Wojciechowski 1706839  
Date: 2019.05.07 11:30:32 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

VA-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: 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:  \_\_\_\_\_

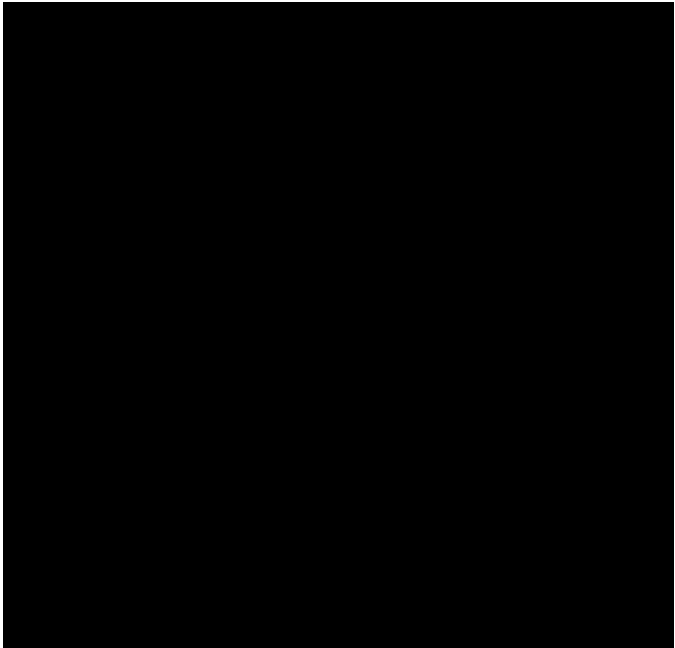
Montana VA HCS Signature: Mishanda D. Wojciechowski 1706839  
Authorized Fee: \$154.24  
Date Request to COMS: 05-08-2019

Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.08 14:29:03 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

VA-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: 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: 05-08-2019

Mishanda D. Wojciechowski 1706839  
Digitally signed by Mishanda D. Wojciechowski 1706839  
Date: 2019.05.08 13:53:20 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-05-HR-Intake 8 of 32 A,K

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

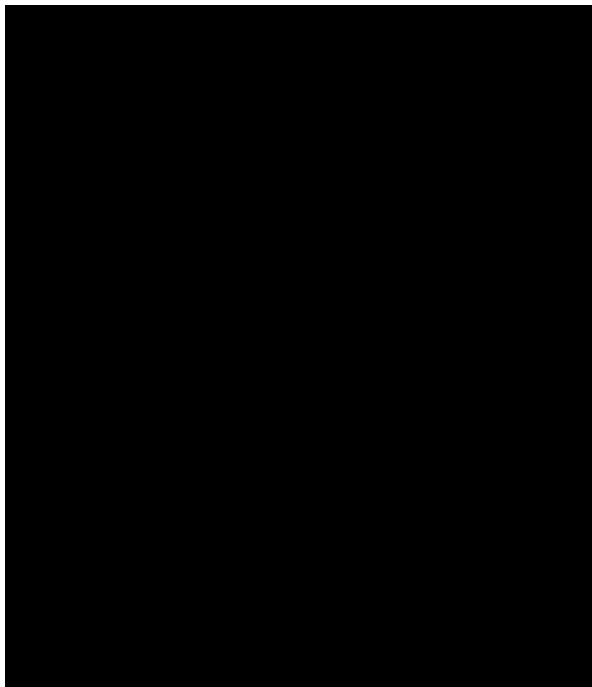
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: 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: 2019.05.08 16:54:18 -06'00'

Authorized Fee: \$815.00

Date Request to COMS: 05-08-2019



Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-05-HR-Intake 9 of 32 Z-H,CA

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

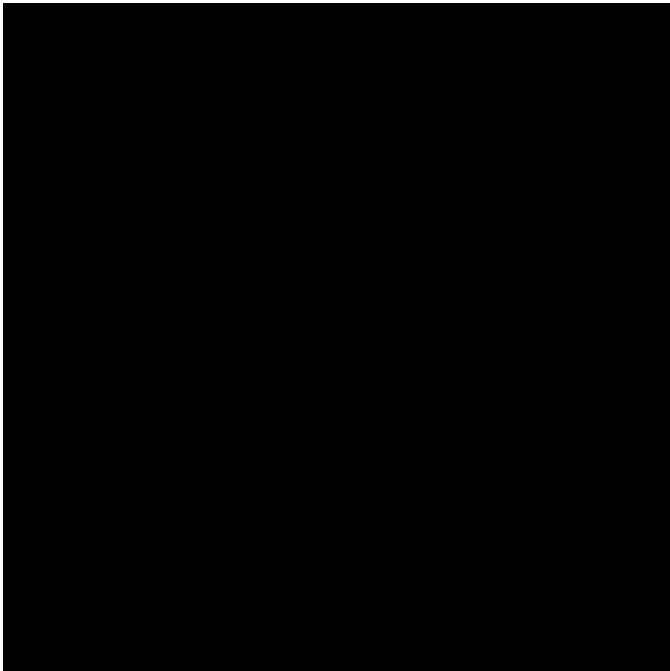
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: Helena

Purpose:  Pre-Placement  Annual / Recurring  Other DEMPS  
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:  \_\_\_\_\_

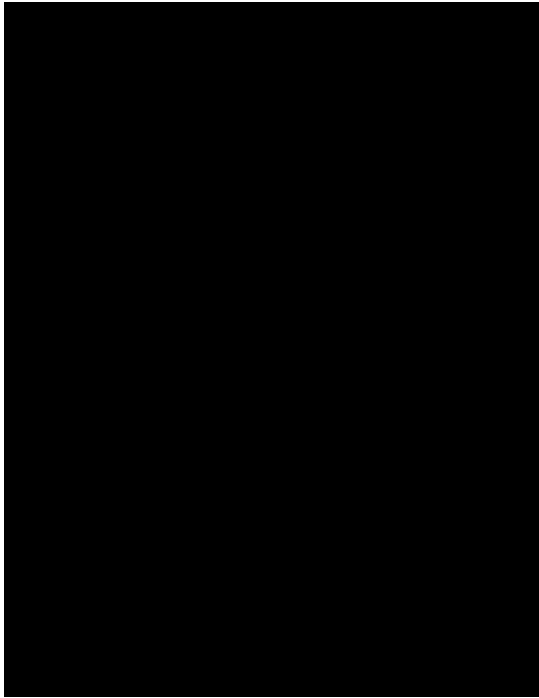
Montana VA HCS Signature: Mishanda D. Wojciechowski 1706839  
Authorized Fee: \$1423.00  
Date Request to COMS: 05-08-2019

Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.08 17:18:59 -06'00'

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

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

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

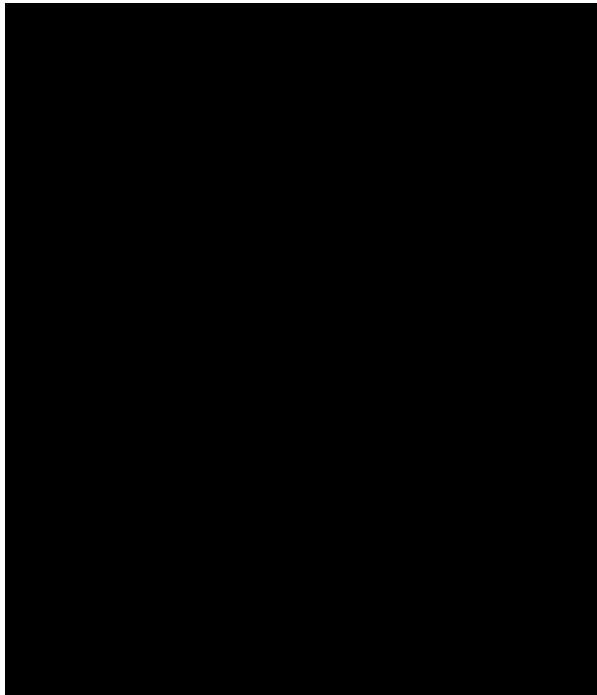
Special Job Titles:  Boiler Plant Operator  
 Firefighter  Police Officer  
 Motor Vehicle Operator & Incidental Driver  
Other:  \_\_\_\_\_

Montana VA HCS Signature: Mishanda D. Wojciechowski  
1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.15 11:55:27 -06'00'  
Authorized Fee: \$815.00  
Date Request to COMS: 05-15-2019

Montana VA HCS - Medical Evaluation or Examination Request

VA-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-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:  \_\_\_\_\_

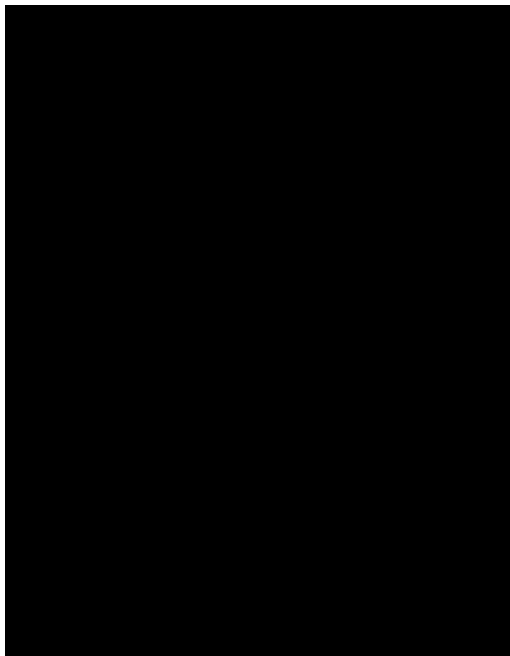
Montana VA HCS Signature: Mishanda D. Wojciechowski 1706839  
Authorized Fee: \$815.00  
Date Request to COMS: 05-15-2019

Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.15 16:40:57 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

VA-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: Helena

Purpose:  Pre-Placement  Annual / Recurring  Other REVIEW  
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: \$325.00  
Date Request to COMS: 05-15-2019

Mishanda D. Wojciechowski 1706839  
Digitally signed by Mishanda D. Wojciechowski 1706839  
Date: 2019.05.15 17:18:27 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-05-HR-Intake 13 of 32 W,JM

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

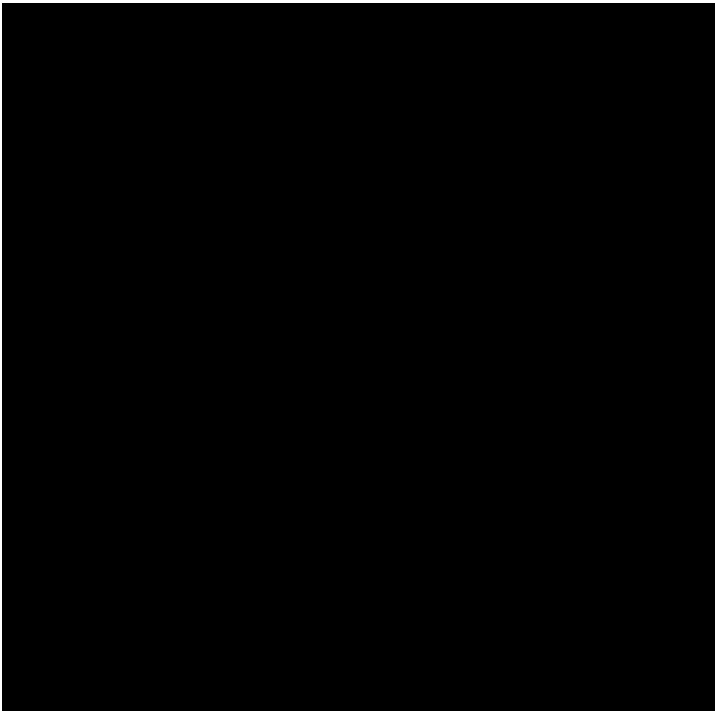
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: Helena

Purpose:  Pre-Placement  Annual / Recurring  Other REVIEW  
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:  \_\_\_\_\_

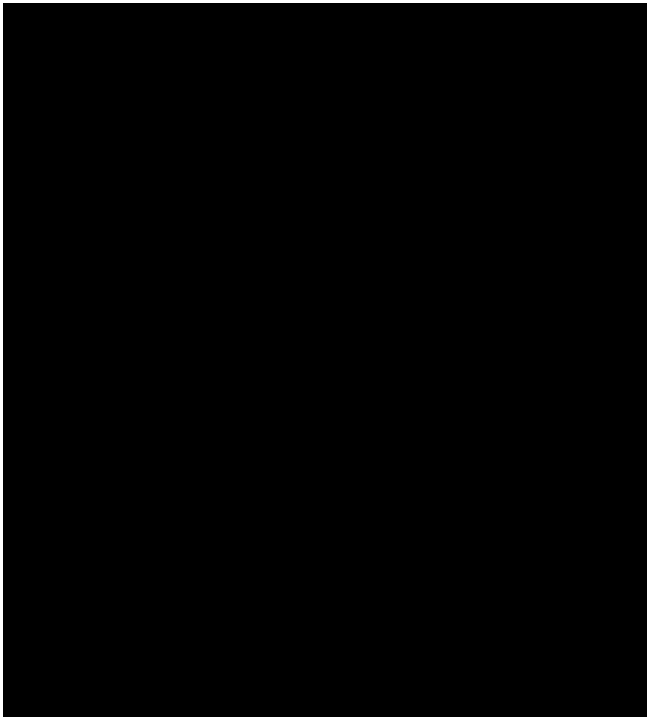
Montana VA HCS Signature: Mishanda D. Wojciechowski 1706839  
Authorized Fee: \$100.00  
Date Request to COMS: 05-15-2019

Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.15 18:03:18 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-05-HR-Intake 14 of 32 C,SR

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:  \_\_\_\_\_

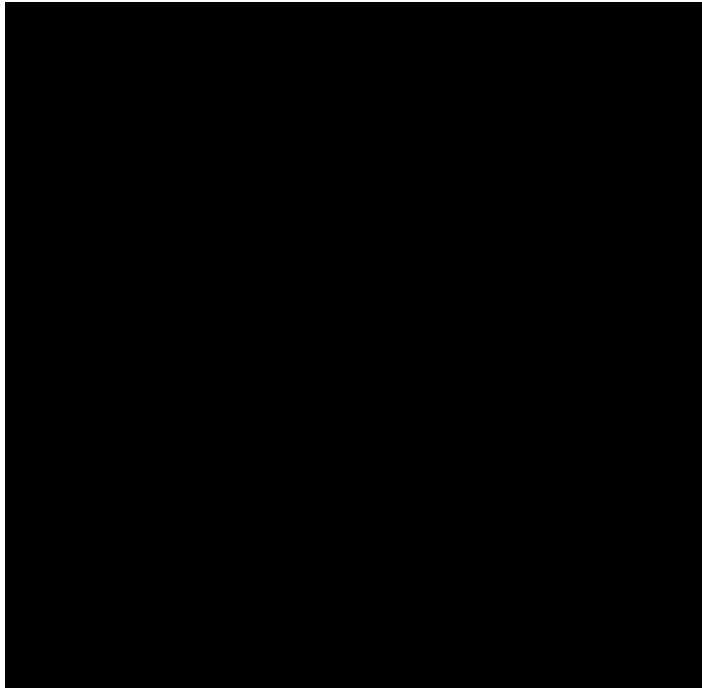
Montana VA HCS Signature: Mishanda D. Wojciechowski 1706839  
Authorized Fee: \$477.63  
Date Request to COMS: 05-20-2019

Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.20 11:56:44 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-05-HR-Intake 15 of 32 S,S

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: 05-20-2019

Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.20 21:15:12 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-05-HR-Intake 16 of 32 M,MC

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

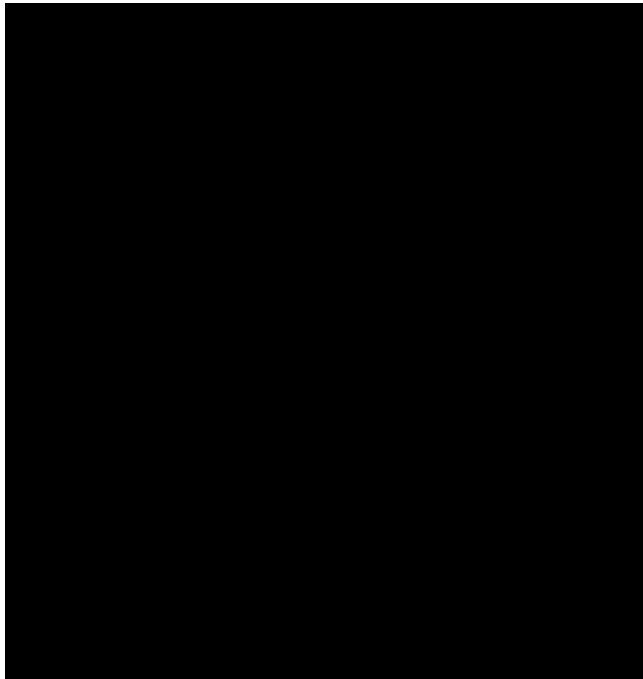
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: Helena

Purpose:  Pre-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: 2019.05.22 13:15:44 -06'00'

Authorized Fee: \$860.00

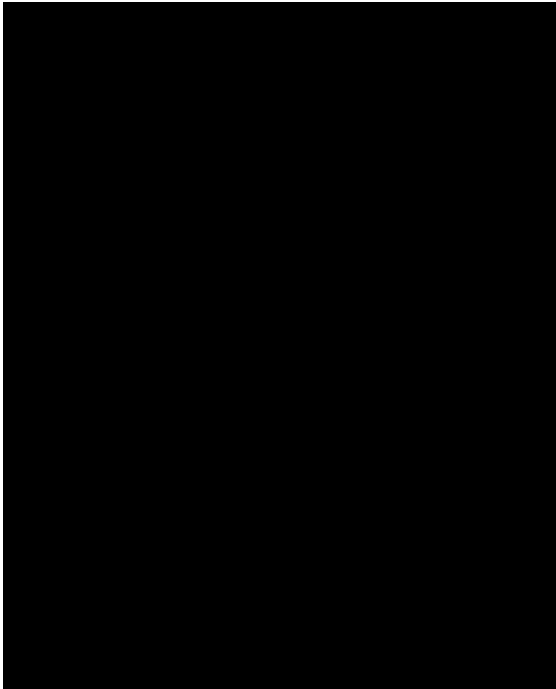
Date Request to COMS: 05-22-2019



Montana VA HCS - Medical Evaluation or Examination Request

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  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:  \_\_\_\_\_

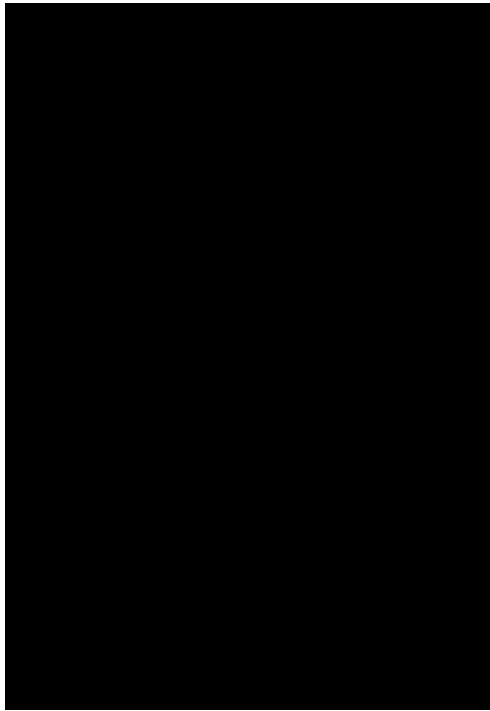
Montana VA HCS Signature: Mishanda D. Wojciechowski 1706839  
Authorized Fee: \$815.00  
Date Request to COMS: 05-22-2019

Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.22 13:24:30 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-05-HR-Intake 18 of 32 K,MH

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 \_\_\_\_\_  
(specify)  
Type:  Evaluation  Examination

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

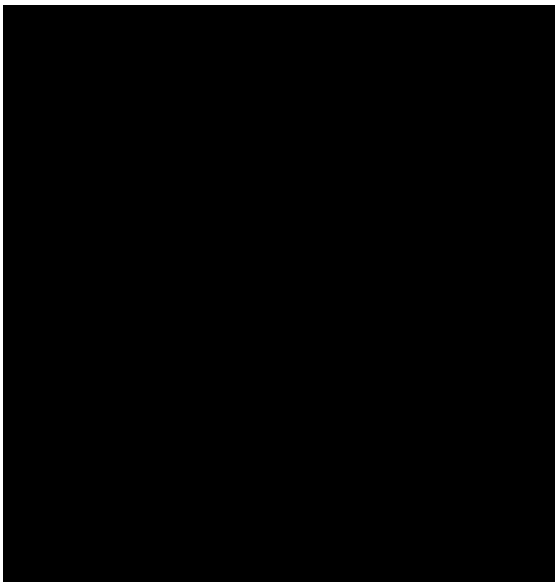
Special Job Titles:  Boiler Plant Operator  
 Firefighter  Police Officer  
 Motor Vehicle Operator & Incidental Driver  
Other:  \_\_\_\_\_

Montana VA HCS Signature: Mishanda D. Wojciechowski  
1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.22 14:14:45 -06'00'  
Authorized Fee: \$490.00  
Date Request to COMS: 05-22-2019

Montana VA HCS - Medical Evaluation or Examination Request

VA-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: Billings

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

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

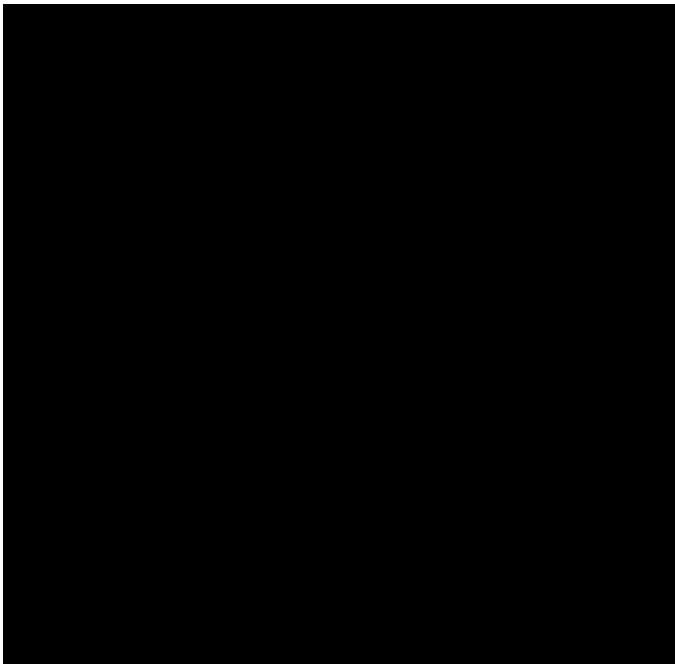
Special Job Titles:  Boiler Plant Operator  
 Firefighter  Police Officer  
 Motor Vehicle Operator & Incidental Driver  
Other:  \_\_\_\_\_

Montana VA HCS Signature: Mishanda D. Wojciechowski  
1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.22 16:08:56 -06'00'  
Authorized Fee: \$535.00  
Date Request to COMS: 05-22-2019

Montana VA HCS - Medical Evaluation or Examination Request

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  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: 05-22-2019

Mishanda D. Wojciechowski 1706839  
Digitally signed by Mishanda D. Wojciechowski 1706839  
Date: 2019.05.22 16:46:09 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-05-HR-Intake 21 of 32 M,RJ

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

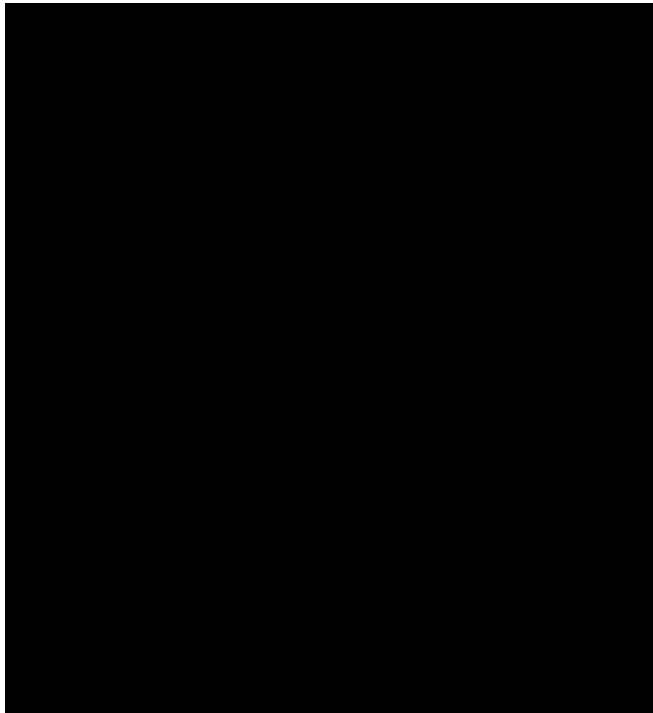
Phone - alternate:

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: 2019.05.23 11:54:23 -06'00'

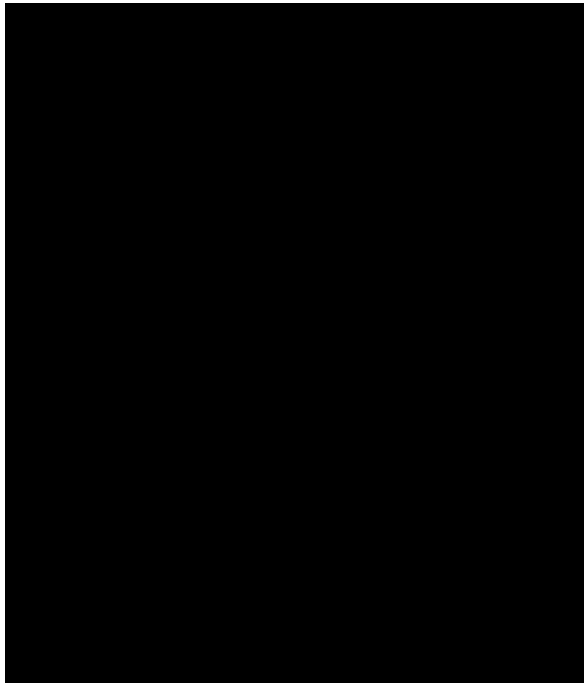
Authorized Fee: \$490.00

Date Request to COMS: 05-23-2019

Montana VA HCS - Medical Evaluation or Examination Request

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  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: 2019.05.23 13:57:00 -06'00'  
Authorized Fee: \$477.63  
Date Request to COMS: 05-23-2019

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-05-HR-Intake 23 of 32 W,NJ

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

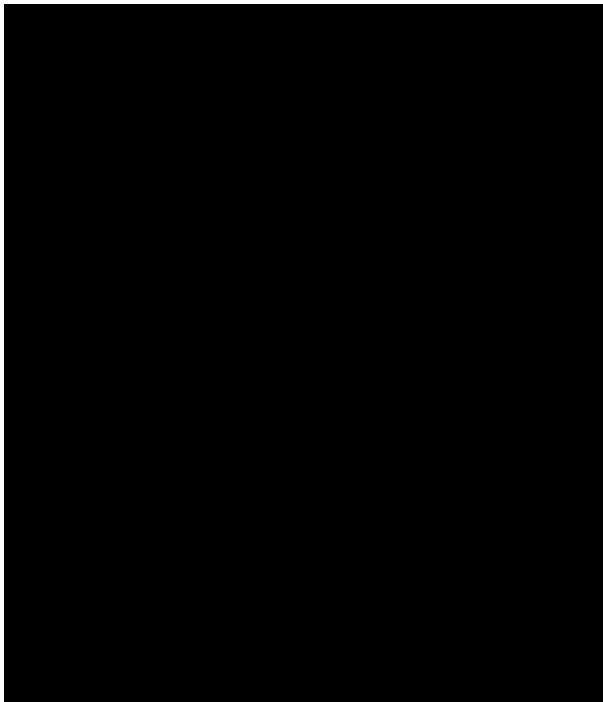
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: 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: 2019.05.23 16:25:09 -06'00'

Authorized Fee: \$860.00

Date Request to COMS: 05-23-2019

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-05-HR-Intake 24 of 32 F,SC

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

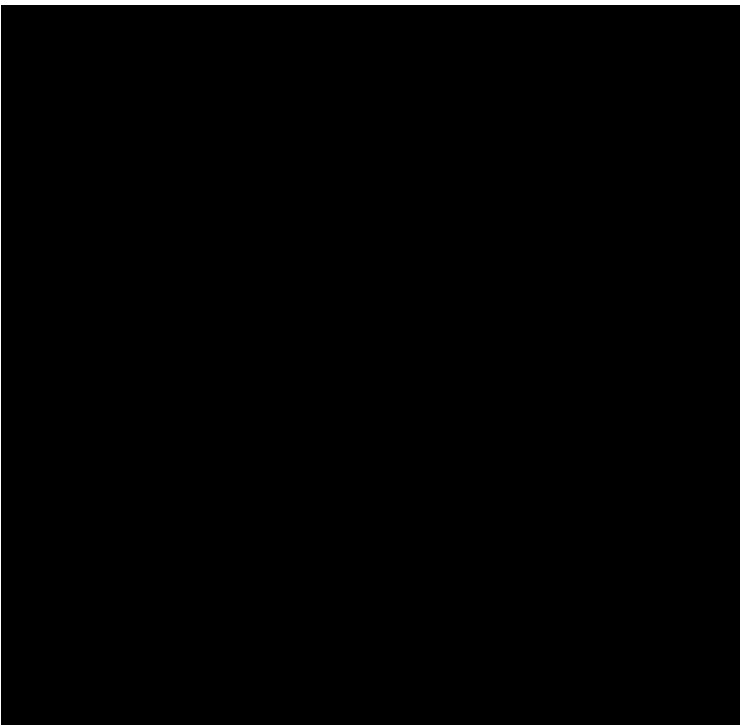
Phone - alternate:

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: 2019.05.24 10:24:52 -06'00'

Authorized Fee: \$1386.47

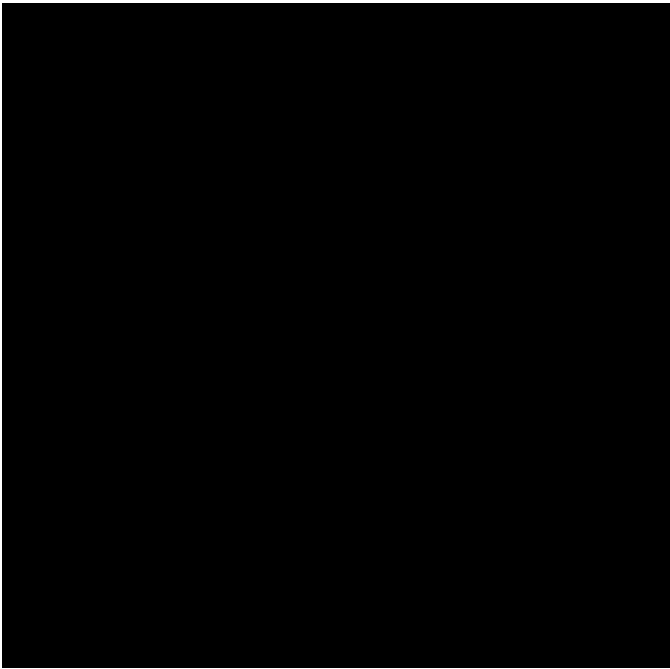
Date Request to COMS: 05-24-2019



Montana VA HCS - Medical Evaluation or Examination Request

VA-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  Annual / Recurring  Other \_\_\_\_\_  
(specify)  
Type:  Evaluation  Examination

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

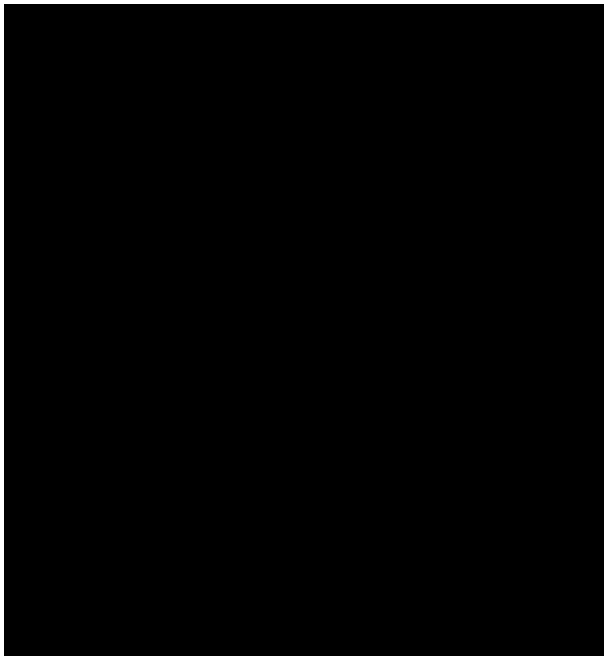
Special Job Titles:  Boiler Plant Operator  
 Firefighter  Police Officer  
 Motor Vehicle Operator & Incidental Driver  
Other:  \_\_\_\_\_

Montana VA HCS Signature: Mishanda D. Wojciechowski  
1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.05.28 11:21:24 -06'00'  
Authorized Fee: \$815.00  
Date Request to COMS: 05-28-2019

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-05-HR-Intake 26 of 32 D,JN

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:  \_\_\_\_\_

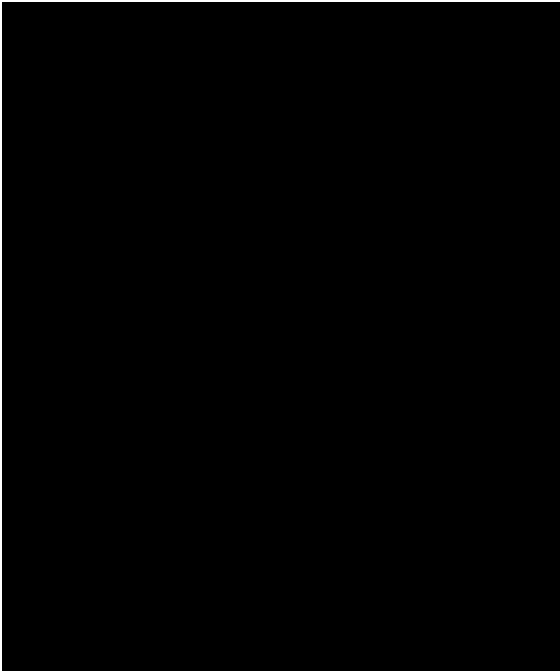
Montana VA HCS Signature: Mishanda D. Wojciechowski 1706839  
Authorized Fee: \$860.00  
Date Request to COMS: 05-28-2019

Digitally signed by Mishanda D. Wojciechowski 1706839  
Date: 2019.05.28 11:28:04 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-05-HR-Intake 27 of 32 P,MA

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:  \_\_\_\_\_

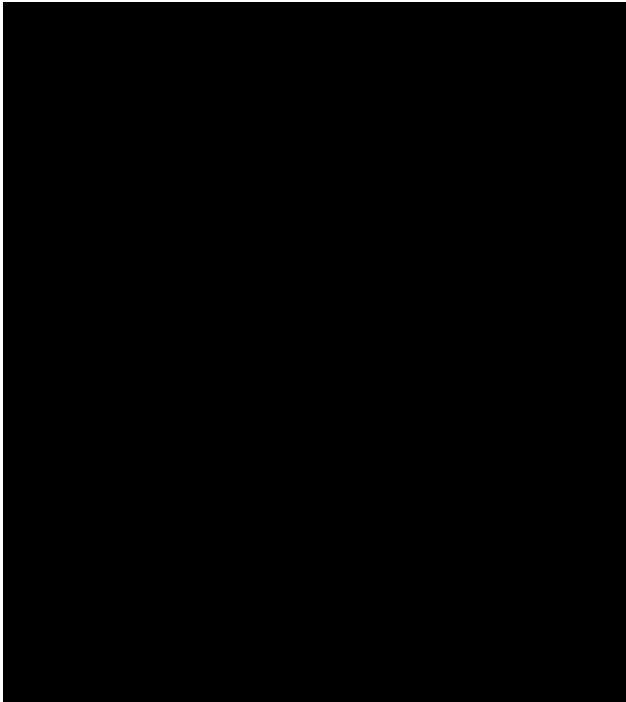
Montana VA HCS Signature: Mishanda D. Wojciechowski  
Authorized Fee: \$815.00  
Date Request to COMS: 05-28-2019

Mishanda D. Wojciechowski 1706839  
Digitally signed by Mishanda D. Wojciechowski 1706839  
Date: 2019.05.28 11:32:43 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-05-HR-Intake 28 of 32 H,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: Helena

Purpose:  Pre-Placement  Annual / Recurring  Other REVIEW  
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:  \_\_\_\_\_

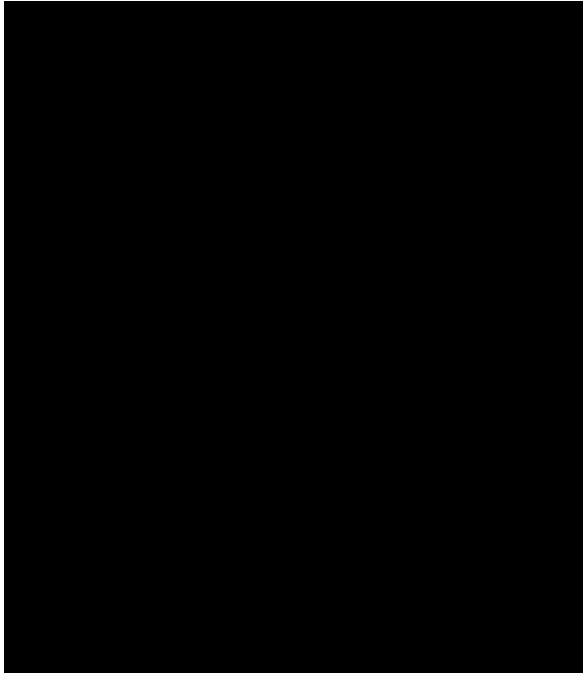
Montana VA HCS Signature: Mishanda D. Wojciechowski  
Authorized Fee: \$325.00  
Date Request to COMS: 05-29-2019

Mishanda D. Wojciechowski 1706839  
Digitally signed by Mishanda D. Wojciechowski 1706839  
Date: 2019.05.29 15:25:47 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

VA-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: 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:  \_\_\_\_\_

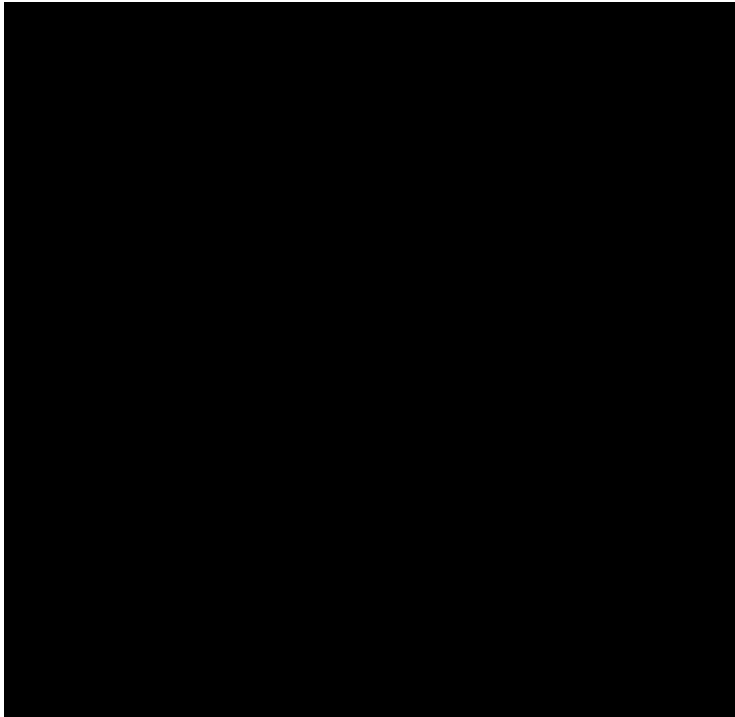
Montana VA HCS Signature: Mishanda D. Wojciechowski  
Authorized Fee: \$860.00  
Date Request to COMS: 05-29-2019

Mishanda D. Wojciechowski 1706839  
Digitally signed by Mishanda D. Wojciechowski 1706839  
Date: 2019.05.29 16:32:40 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-05-HR-Intake 30 of 32 F,LC

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: \$477.63  
Date Request to COMS: 05-30-2019

Mishanda D. Wojciechowski 1706839  
Digitally signed by Mishanda D. Wojciechowski 1706839  
Date: 2019.05.30 12:45:48 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-05-HR-Intake 31 of 32 K,PD

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

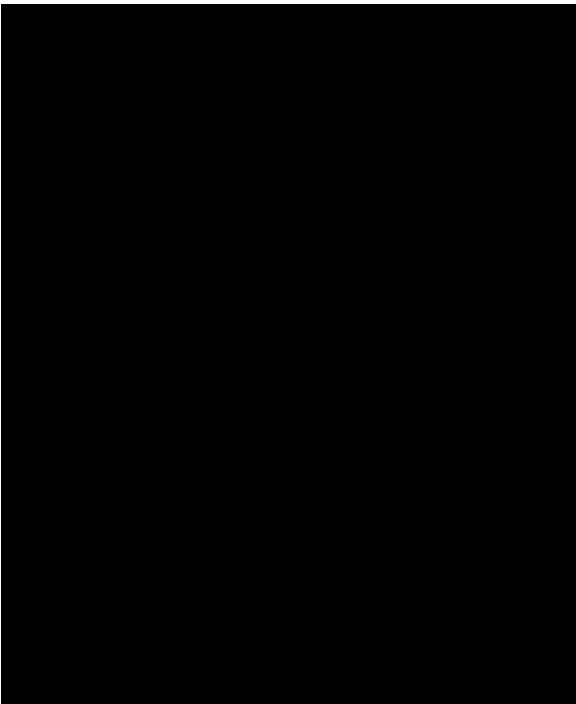
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: Helena

Purpose:  Pre-Placement  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: 2019.05.30 12:53:20 -06'00'

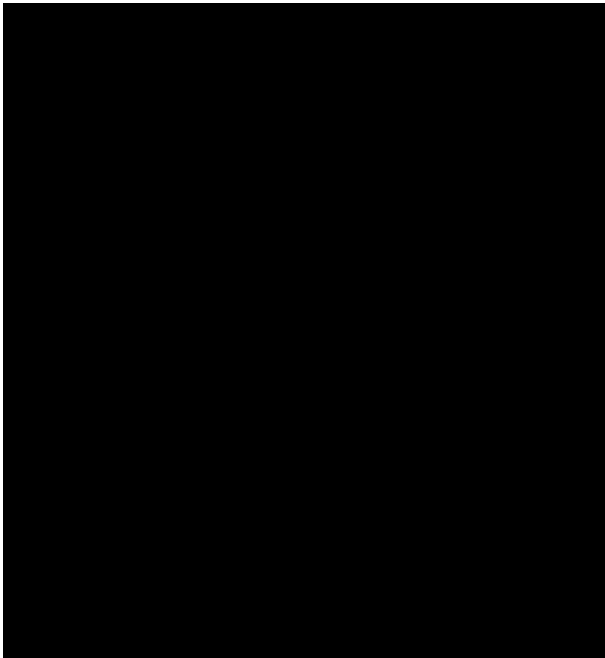
Authorized Fee: \$477.63

Date Request to COMS: 05-30-2019

Montana VA HCS - Medical Evaluation or Examination Request

VA-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-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: \$477.63  
Date Request to COMS: 05-30-2019

Mishanda D. Wojciechowski 1706839  
Digitally signed by Mishanda D. Wojciechowski 1706839  
Date: 2019.05.30 12:56:33 -06'00'