19		
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	at Annual / Recurring Other(spe	ucify)
Type: Evaluation	Examination (spe	Oily)
Components:	unity Panel	
☐ Urine	e Drug Screen	
П		
_	er Plant Operator fighter	
	or Vehicle Operator & Incidental Driver	
Other: 🚨		
Montana VA HCS Signature:		
Authorized Fee:	\$480.00	
Date Request to COMS:	05-03-2019	

Name (last, first r	middle):		
Date of Birth (mm-d	d-yyyy):		
Social Security N	lumber:		
Phor	ne - cell:		
Phone - al	ternate:		
А	ddress:		
City, Sta	ate, Zip:		
Preferred L		Billings	Helena
Availability (within next tw			
Availability (within noxt of	io wookoji		
Purpose: Pre-l	Placemen	it	Other(specify)
Type: OEval	uation	Examinat	
Components:		nunity Panel ne Drug Screen	T-Spot TB Screening
Special Job Titles:	☐ Boil	er Plant Operator	
		fighter	☐ Police Officer
	☑ Mot	or Vehicle Operator	· & Incidental Driver
Other:			
Montana VA HCS Si	gnature:		
Authoriz	zed Fee:	D 199.	7-(
Date Request to	COMS:		

Montana VA HCS - Medical Evaluation of Examination Reguest
/A-2019-05-VD-Intake 3 of 22 C,D
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:
☐ Urine Drug Screen
Special Job Titles:
☐ Firefighter ☐ Police Officer
✓ Motor Vehicle Operator & Incidental Driver
Other:
Market Market State Company of the C
Montana VA HCS Signature: \$480.00
Authorized Fee: 05-09-2019

VA-2019-05-VD-Intake 4 of 22 Mc.T 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
	nity Panel
Special Job Titles:	Plant Operator
Firefi	ghter Dolice Officer
✓ Moto	Vehicle Operator & Incidental Driver
Other:	
Montana VA HCS Signature:	
Montana VA HCS Signature: Authorized Fee:	\$624.34
Date Request to COMS:	05-03-2019

VA-2019-05-VD-Intake 5 of 22 N,RA	
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:	Missoula
	_
Purpose: Pre-Placement	t
Type: Evaluation	Examination
· promy	inity Panel
Li Urine	Drug Screen
Special Job Titles: Boile	r Plant Operator
☐ Firefi	ghter
✓ Moto	r Vehicle Operator & Incidental Driver
Other:	
Montana VA HCS Signature:	\$480.00
Authorized Fee:	05-09-2019
Date Request to COMS:	00-03-2013

VA-2019-05-VD-Intake 6 of 22 G,RC 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:	9
Preferred Clinic Location: Missoula	
Purpose: Pre-Placement Annual / Recurring Other	(specify)
Type: Evaluation Examination	(specily)
Components:	
Special Job Titles: ☐ Boiler Plant Operator ☐ Firefighter ☐ Police Officer ☐ Motor Vehicle Operator & Incidental Driver	
Other:	
Montana VA HCS Signature:	

\$624.34

05-03-2019

Authorized Fee:

1m	VL,						<u>^</u>
	λ ,	VA-2	019-05-VD-\n	take 7 of 22 A,JM		NEW	Volunteer
Soe	has	an	Culti.	éll ou			
+ Xh	LVA	1 00 10		ledical Evaluation	or Examination	Request	
\und	18.	Workana		1 210	()	clini	
\ - \	Dash	MSico	1 be	Sch. WIC	ontract	Climi	
One	Name	e (last, first l	middle):				
rttell	Date of	Birth (mm-d	d-yyyy):				
hat c	log?	al Security N	Jumber:				
	0001	*					
			ne - cell:				
	4	Phone - a	ternate:				
		P	ddress:				
led.		City, St	ate, Zip:				
		Preferred L	ocation:	Billings	C +	lelena 🦠 🕻	€ Kalispell
	Availabilit	y (within next tv	vo weeks):	Wants to be seen June 18, 2019 at 2:00) pm or after as he has another ap	pt in Kalispell on that sam	a day.
	, , , , , , , , , , , , , , , , , , , ,	, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				•
	Purpose:	OPre-	Placement	Annual	Other _	earing/Whisper	Test
	•					(specify)	
	Type:	Eval	uation	Examinati	OH		
	Componen	nts:	☐ Immı	unity Panel	☐ T-Spot	ΓB Screenir	ng ,
(e)			☐ Urine	e Drug Screen			
	Special Jo	b Titles:	☐ Boile	r Plant Operator			
			☐ Firefi	ghter	☐ Police C	Officer	
			☑ Moto	r Vehicle Operator	· & Incidental D	river	
		0.11		T VOINGIO O POI MIS.	5 ,		
		Other:	L				
	Montana	/A HCS S	gnature;				
	<u>Montana √</u>		\$	1.2101			
		Authori	zed Fee:	04-12-2019			
	Doto	Poqueet to	COMS	04-12-2013			

Montana VA HCS - Medical Evaluation or Examination Request VA-2019-05-VD-Intake 8 of 22 D,G

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:	Missoula	
	J	
Purpose: Pre-Placemer	nt Annual / Recurring Other	
Type: Evaluation	Examination	(specify)
Components:	unity Panel	
☐ Urin	e Drug Screen	
On a sink lab Titles	au Diaut On austau	
	er Plant Operator Graphter Police Officer	."
_	or Vehicle Operator & Incidental Driver	
Other: L		
Montana VA HCS Signature:		
Authorized Fee:	\$624.34	
Date Peguest to COMS:	05-03-2019	

Montana VA HCS - Medical Evaluation or Examination Request VA-2019-05-VD-Intake 9 of 22 G,J

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:	nity Panel	
☐ Urine	Drug Screen	
Chariel Job Titles: Roiler	Plant Operator	
Special Job Titles:		
	Vehicle Operator & Incidental Driver	
Other:	Vollidio Operator a melaertam 2	
Oulei. 🗀		
Montana VA HCS Signature:		-
Authorized Fee:	\$624.34	-
Date Request to COMS:	05-03-2019	-

/A-2019-05-VD-Intake 10 of 22 K,VC	
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: Great Falls Purpose: Pre-Placement Annual / Recurring Other Type: Evaluation Examination	oify)
Components:	
Special Job Titles: Boiler Plant Operator Firefighter Police Officer Motor Vehicle Operator & Incidental Driver Other:	
Other.	
Montana VA HCS Signature:	
Authorized Fee: \$624.34	
Date Request to COMS: 05-03-2019	

VA-2019-05-VD-Intake 11 of 22 K,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:	Great Falls	
Purpose: Pre-Placement	nt Annual / Recurring Other	
Type: Evaluation	Examination ,	(specify)
	nunity Panel	*
Special Job Titles:	ler Plant Operator	
Fire	fighter	
☑ Mot	or Vehicle Operator & Incidental Driver	
Other:		
Montana VA HCS Signature: 2		
Authorized Fee:	\$624.34	·

05-03-2019

-2019-05-VD-Intake 12 of 22 E,WJ		VIOUTOUT E VALIABLION	o, Examination	•	
Name (last, first	middle):				,
Date of Birth (mm-c	ld-yyyy):				
Social Security I	Number:				
Pho	ne - cell:				
Phone - a	Iternate:				
	E-Mail:				
A	Address:				
City, St	ate, Zip:			¥	
Spec	ial Note:				
				·	
Preferred Clinic L	ocation:	Billings		·	
				le .	
Purpose: Pre-	-Placement	t 🔘 Annual / F	Recurring	Other	
Type: OEva	luation	Examination	on		(specify)
,					
Components:	☐ Immu	unity Panel	T-Spot	TB Screening	
	☐ Urine	Drug Screen			
	П	DI 10			
Special Job Titles:		r Plant Operator	D p.8 (). 	
	☐ Firefi		Police (
	✓ Motor	r Vehicle Operator	& Incidental D	river	
Other:	L			,	_
Montana VA HCS Si	gnature:				_
Authoriz		\$634.24			_
, Data Paguast ta		05-16-2019			

VA-2019-05-VD-Intake 13 of 22 G,DJ Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle):		
Date of Birth (mm-dd-yyyy):		
Social Security Number:		y.
Phone - cell:		
Phone - alternate:		
E-Mail:		
Address:		*
City, State, Zip:		
Special Note:		
Preferred Clinic Location:	Missoula	τ,
Purpose: Pre-Placemen	Annual / Recurring Other	(specify)
	unity Panel	
· provide	er Plant Operator ighter	
☑ Moto	or Vehicle Operator & Incidental Driver	
Other:		_
Montana VA HCS Signature	\$480.00	
Authorized Fee: Date Request to COMS:	05-16-2019	
Date Noquest to Ocivio.		•

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:	Missoula	
Purpose: Pre-Placemer	nt Annual / Recurring Other	(
Type: Evaluation	Examination	(specify)
Components:	unity Panel	
☐ Urino	e Drug Screen	
Special Joh Titles:	er Plant Operator	
	ighter	
parameter	or Vehicle Operator & Incidental Driver	
Other: \square		
Oulei. 🗕		
Montana VA HCS Signature:		
Authorized Fee:	\$634.24	
Date Request to COMS:	05-16-2019	

Montana VA HCS - Medical Evaluation or Examination Request VA-2019-05-VD-Intake 15 of 22 S,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:	elena	
Purpose: Pre-Placement	Annual / Recurring Other	
Type: Evaluation	(specify) Examination	
Components:	y Panel T-Spot TB Screening	
☐ Urine Dr	rug Screen	
	4.0	
<u> </u>	ant Operator	
☐ Firefight		
_	ehicle Operator & Incidental Driver	
Other:		
Montana VA HCS Signature:		
Authorized Fee:	480.00	
Date Request to COMS: 0	5-17-2019	

Montana VA HCS - Medical Evaluation or Examination Request VA-2019-05-VD-Intake 16 of 22 T,TM 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: Missoula Annual / Recurring Other Purpose: Pre-Placement (specify) Evaluation Examination Type: ☐ T-Spot TB Screening ☐ Immunity Panel Components: Urine Drug Screen ☐ Boiler Plant Operator Special Job Titles: ☐ Police Officer Firefighter Motor Vehicle Operator & Incidental Driver Other:

Signature: Montana VA HCS \$480.00

Authorized Fee:

05-17-2019 Date Request to COMS:

/A-2019-05-VD-Intake 17 of 22 H,JR	Viodioa, Evaluation of Example 1
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	Great Falls It Annual / Recurring Other
	unity Panel
☐ Firef	er Plant Operator ighter
Other:	
Montana VA HCS Signature:	0004.04
Authorized Fee:	\$634.24
Date Request to COMS:	05-28-2019

VA-2019-05-VD-Intake 18 of 22 R,DW Montana VA HCS - Medical Evaluation or Examination Request

		1
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:		
	Kalispell Annual / Recurring Other	
Purpose: Pre-Placement	© Examination	(specify)
Type:	Examination	
)	T-Spot TB Screening Orug Screen	
Special Job Titles: Boiler	Plant Operator	
☐ Firefigl	hter	¥
✓ Motor	Vehicle Operator & Incidental Driver	
Other:		_
Montana VA HCS Signature: _	\$634.24	-
Additionzed 1 co.	05-28-2019	-
Date Request to COMS:		-

VA-2019-05-VD-Intake 19 of 22 G,D Montana VA HCS - Medical Evaluation or Examination Request

		1
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	(specify)
Type: © Evaluation	Examination	(-13)
_	_	
Components:	unity Panel	
☐ Urine	e Drug Screen	
Special Job Titles: 🔲 Boile	er Plant Operator	
	ighter	
	or Vehicle Operator & Incidental Driver	
Other:		
Montana VA HCS Signature:	0004.04	-
Authorized Fee:	\$634.24	-
Date Request to COMS:	05-28-2019	_

Billings	
nt Annual / Recurring Other	
	(specify)
<u> </u>	
unity Panel	
e Drug Screen	
	4
er Plant Operator	
ighter	
or Vehicle Operator & Incidental Driver	
	_
7	
\$634.24	-
05-28-2019	•
	Annual / Recurring Other Examination unity Panel

VA-2019-05-VD-Intake 21 of 22 C,JE 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: Missoula	
Purpose: Pre-Placement Annual / Recurring Other	
Type: Evaluation Examination	(specify)
Components:	
Special Job Titles:	
☐ Firefighter ☐ Police Officer	
☑ Motor Vehicle Operator & Incidental Driver	
Other:	_
Montana VA HCS Signature:	-
Authorized Fee: \$480.00	-
Date Request to COMS: 05-31-2019	

VA-2019-05-VD-Intake 22 of 22 S,RM 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:	Missoula	
Purpose: Pre-Placemen		(specify)
Type: Evaluation	Examination	
_	unity Panel	
Special Job Titles: Boile	er Plant Operator	
☐ Firef	ighter	÷
☑ Moto	or Vehicle Operator & Incidental Driver	
Other: \Box	i and the second of the second	-
NA () / A 1100		
Montana VA HCS Signature: Authorized Fee:	\$480.00	
Date Request to COMS:	05-31-2019	