

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: _____
Authorized Fee: \$480.00
Date Request to COMS: 05-03-2019

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): _____

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: _____

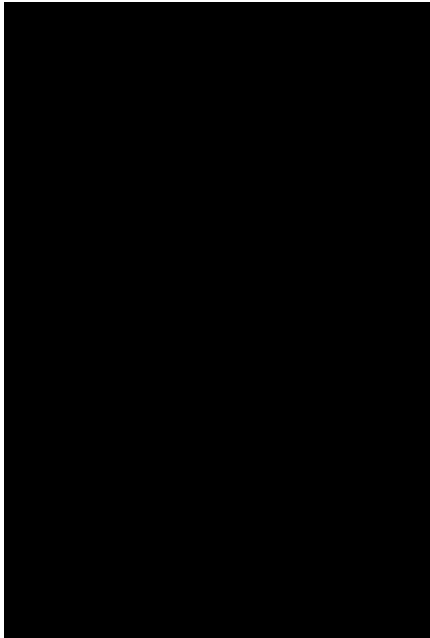
Authorized Fee: \$ 609.24 _____

Date Request to COMS: _____

Montana VA HCS - Medical Evaluation or Examination Request

VA-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

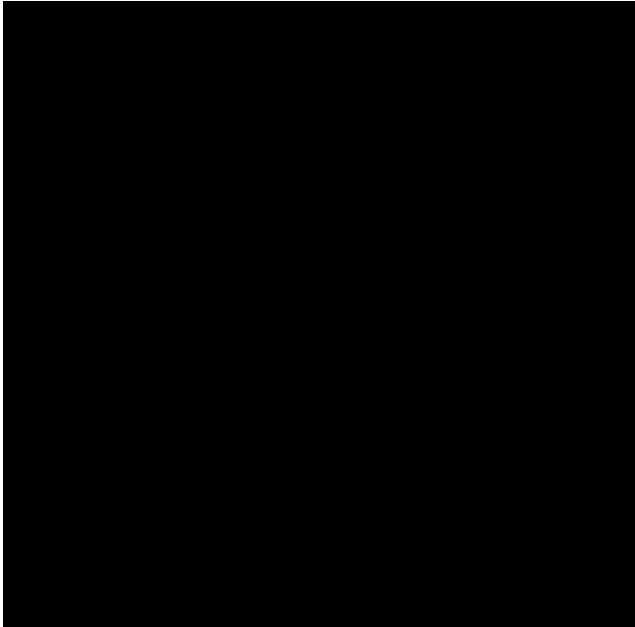
Purpose: Pre-Placement Annual / Recurring Other _____
(specify)
Type: Evaluation Examination

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: 
Authorized Fee: \$480.00
Date Request to COMS: 05-09-2019

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-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: 

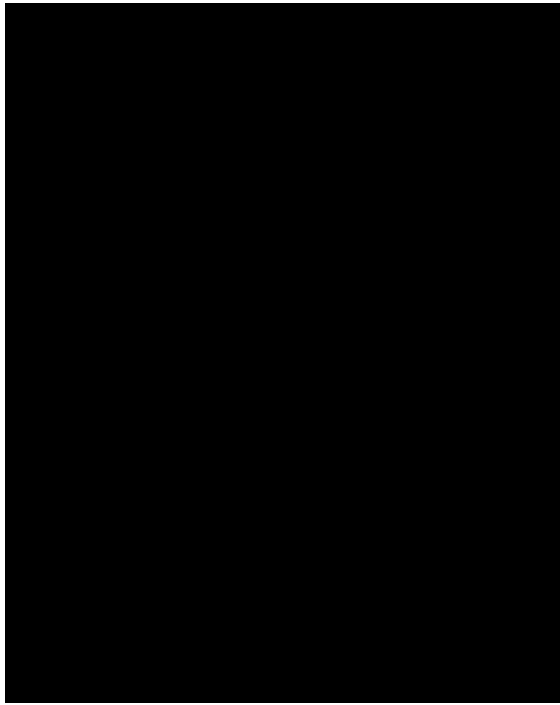
Authorized Fee: \$624.34

Date Request to COMS: 05-03-2019

Montana VA HCS - Medical Evaluation or Examination Request

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 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: _____

Authorized Fee: \$480.00

Date Request to COMS: 05-09-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

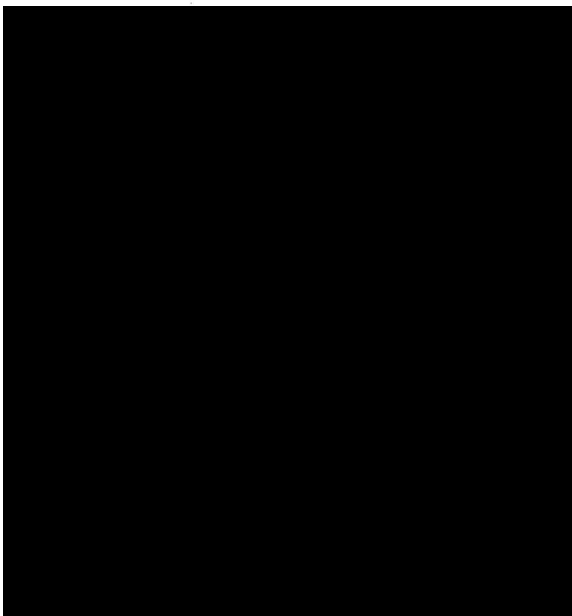
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: Missoula

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: _____

Authorized Fee: \$624.34

Date Request to COMS: 05-03-2019

New Volunteer

Mike,
Joe has an appt.
at the VA in Kalispell on
June 18.

Montana VA HCS - Medical Evaluation or Examination Request

Could a physical be sch. w/ Contract clinic
after 2:00
That day?

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

Kalispell

Wants to be seen June 18, 2019 at 2:00 pm or after as he has another appt in Kalispell on that same day.

Availability (within next two weeks):

Purpose:

Pre-Placement

Annual

Other

Hearing/Whisper Test

(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:

[Handwritten Signature]

Authorized Fee:

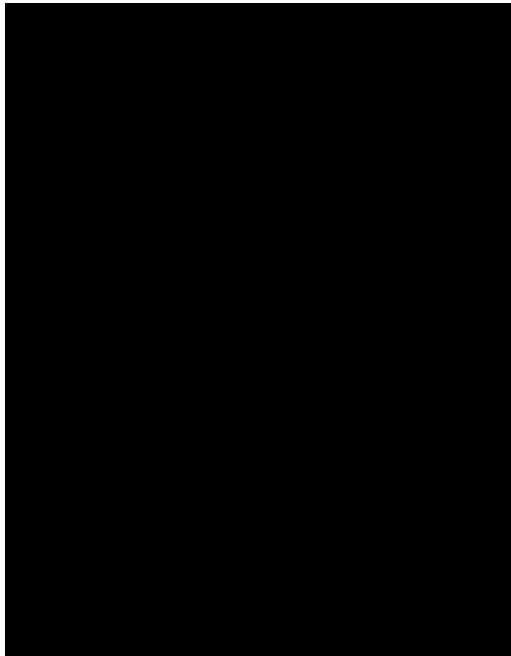
\$ 631.24

Date Request to COMS:

04-12-2019

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

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

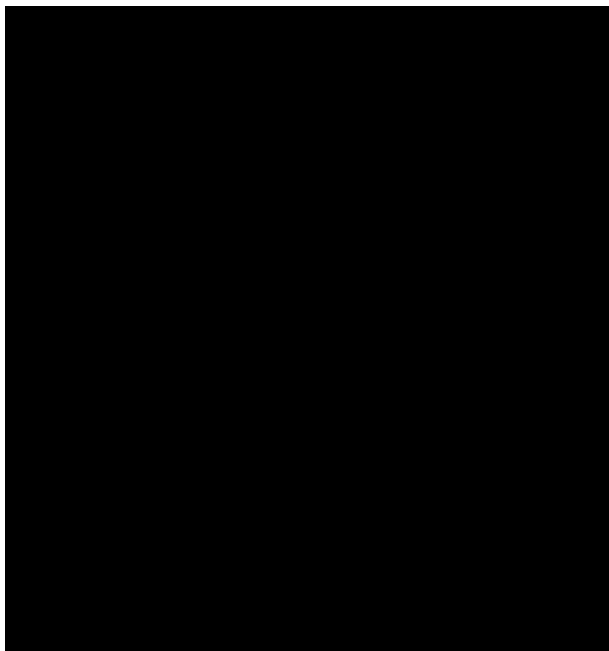
Other: _____

Montana VA HCS Signature:  _____

Authorized Fee: \$624.34

Date Request to COMS: 05-03-2019

Name (last, first middle):
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Social Security Number:
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Phone - alternate:
E-Mail:
Address:
City, State, Zip:
Special Note:



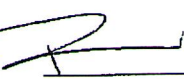
Preferred Clinic Location: Helena

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

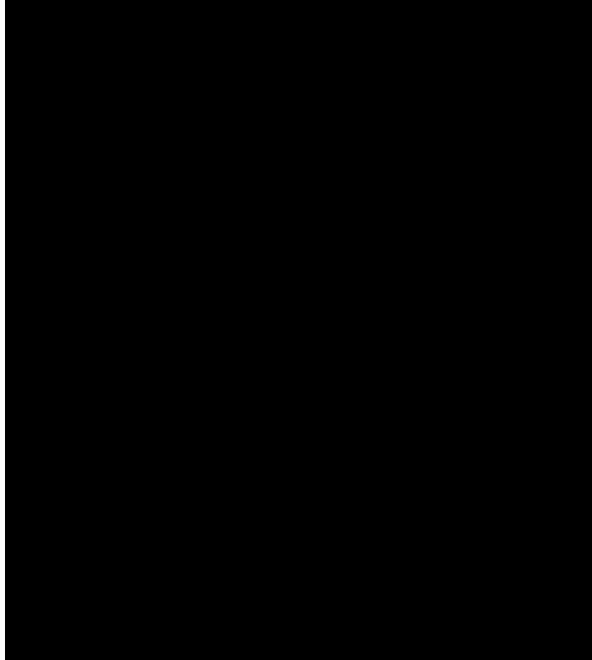
Other: _____

Montana VA HCS Signature: 
Authorized Fee: \$624.34
Date Request to COMS: 05-03-2019

Montana VA HCS - Medical Evaluation or Examination Request

VA-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 _____
(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

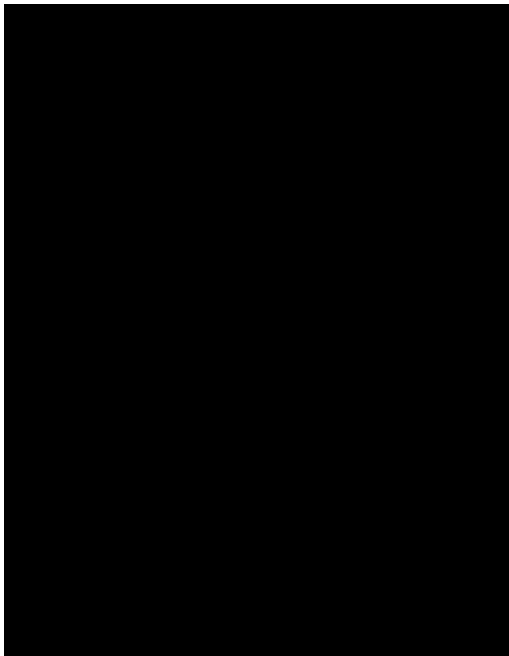
Other: _____

Montana VA HCS Signature:  _____

Authorized Fee: \$624.34 _____

Date Request to COMS: 05-03-2019 _____

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:



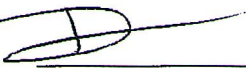
Preferred Clinic Location: Great Falls

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

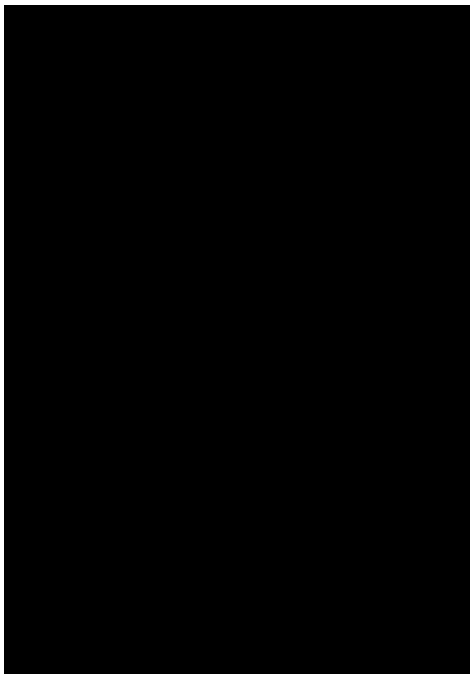
Other: _____

Montana VA HCS Signature: 
Authorized Fee: \$624.34
Date Request to COMS: 05-03-2019

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-05-VD-Intake 12 of 22 E,WJ

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:  _____

Authorized Fee: \$634.24 _____

Date Request to COMS: 05-16-2019 _____

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: Missoula

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: _____

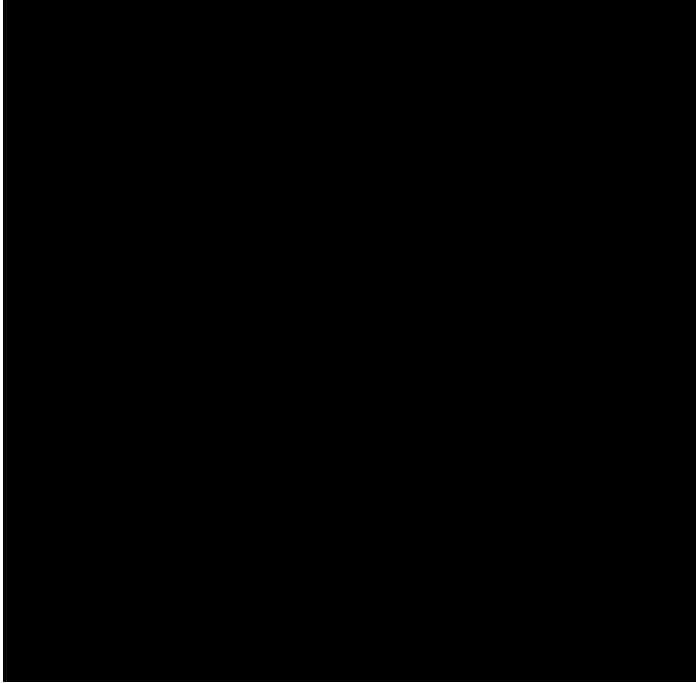
Montana VA HCS Signature: _____

Authorized Fee: \$480.00

Date Request to COMS: 05-16-2019

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: Missoula


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:  _____

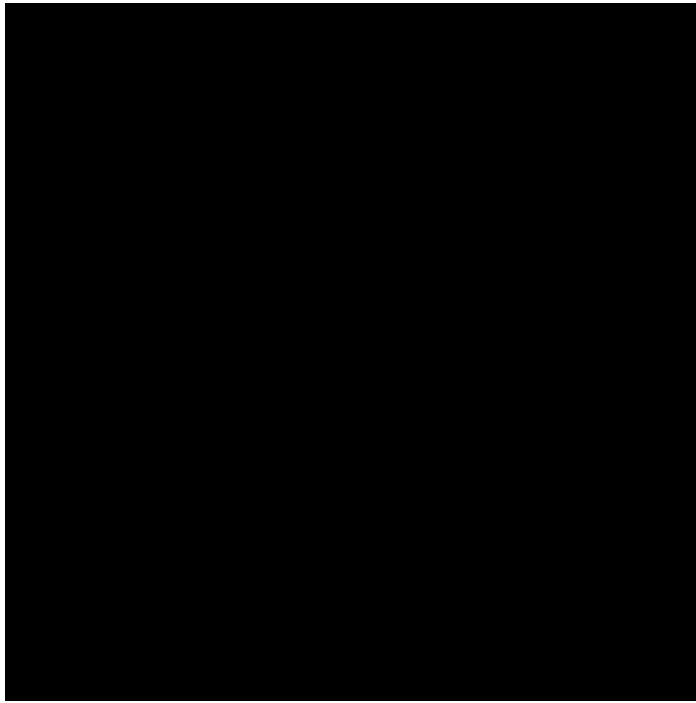
Authorized Fee: \$634.24

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: Helena

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

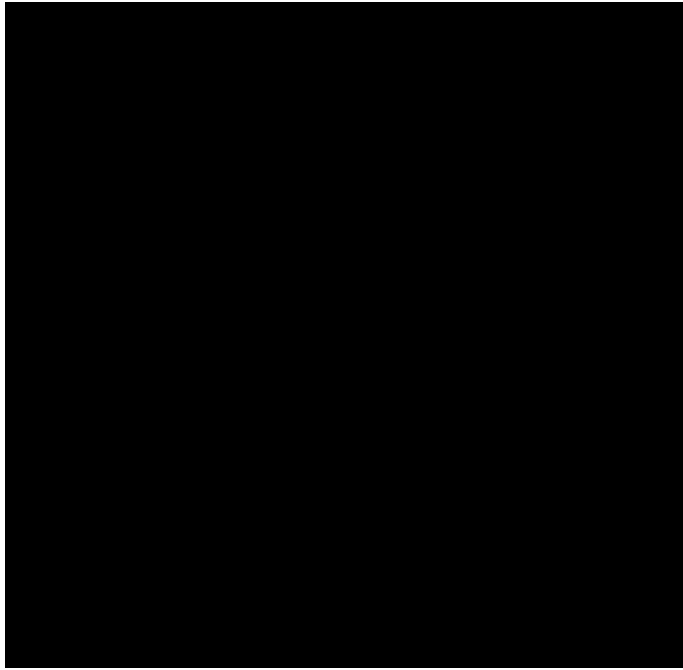
Components: Immunity Panel T-Spot TB Screening
 Urine Drug Screen

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

Other: _____

Montana VA HCS Signature: _____
Authorized Fee: \$480.00
Date Request to COMS: 05-17-2019

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:



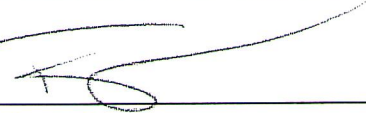
Preferred Clinic Location: Missoula

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: 
Authorized Fee: \$480.00
Date Request to COMS: 05-17-2019

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-05-VD-Intake 17 of 22 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: Great Falls

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: _____

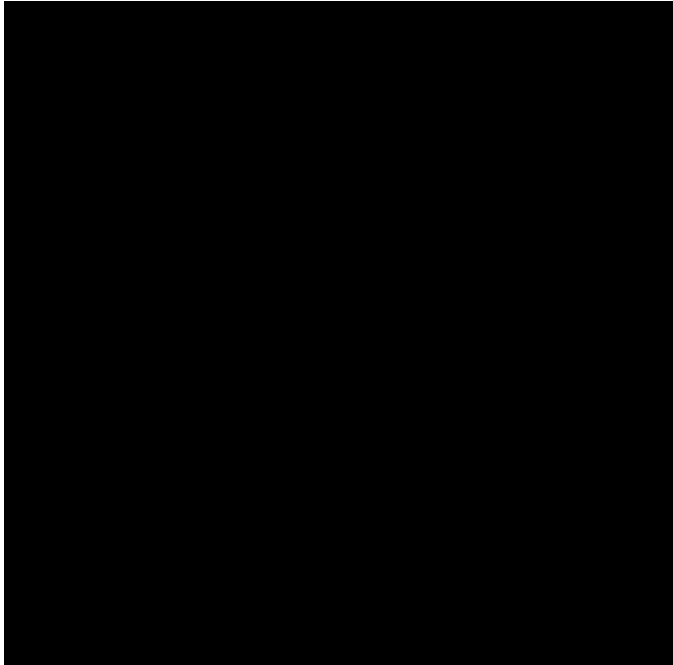
Montana VA HCS Signature: _____

Authorized Fee: \$634.24

Date Request to COMS: 05-28-2019

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: Kalispell

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

Type: Evaluation Examination

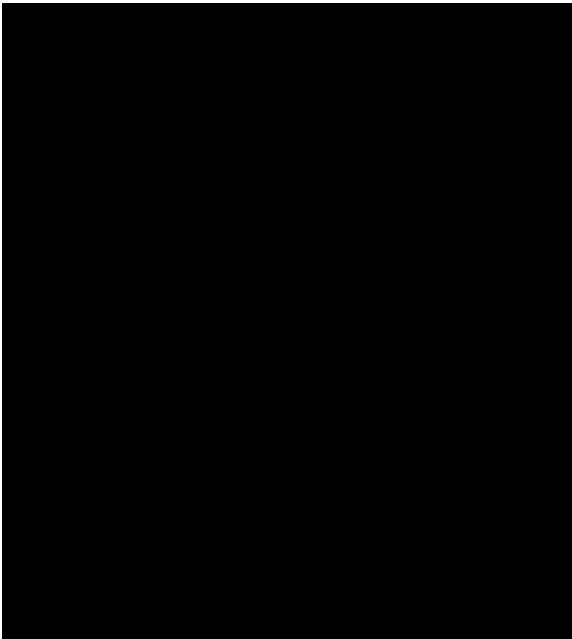
Components: Immunity Panel T-Spot TB Screening
 Urine Drug Screen

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

Montana VA HCS Signature: 
 Authorized Fee: \$634.24
 Date Request to COMS: 05-28-2019

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

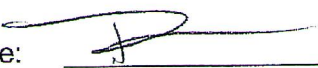
Purpose: Pre-Placement Annual / Recurring Other _____
(specify)

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: _____

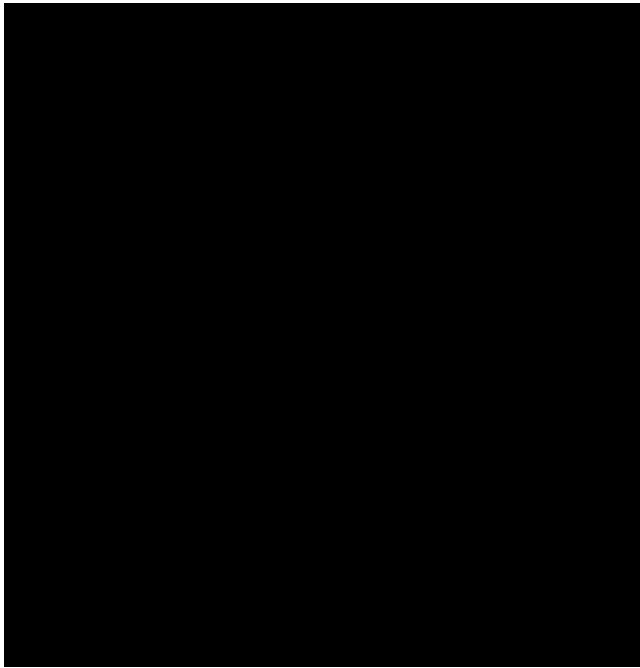
Montana VA HCS Signature:  _____

Authorized Fee: \$634.24 _____

Date Request to COMS: 05-28-2019 _____

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: 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:  _____

Authorized Fee: \$634.24 _____

Date Request to COMS: 05-28-2019 _____

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: Missoula


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:  _____

Authorized Fee: \$480.00 _____

Date Request to COMS: 05-31-2019 _____

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: Missoula

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: _____

Authorized Fee: \$480.00

Date Request to COMS: 05-31-2019