/A-2019-06-HR-Intake 1 of 22 D,PJ	
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	(specify) Examination
Components:	nity Panel
☐ Urine	Drug Screen
_	
_	Plant Operator
☐ Firefiç	phter
<b>□</b> Motor	Vehicle Operator & Incidental Driver
Other: L	
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.06.03 09:06:11 -06'00'
Authorized Fee:	\$325.00
Date Request to COMS:	06-03-2019
•	

VA-2019-06-HR-Intake 2 of 22 F,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:  Purpose:   Pre-Placement	Billings t Annual / Recurring Other	
Type: Evaluation	•	specify)
.,,,		
Components: Immu	unity Panel	
✓ Urine	e Drug Screen	
Special Job Titles:	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: 2019.06.03 10:48:05 -06'00'	
Authorized Fee:	\$860.00	
Date Request to COMS:	06-03-2019	

Billings  t Annual / Recurring Other	(specify)
Examination	
unity Panel	
er Plant Operator	
<b>3</b> ···	
or venicle Operator & incidental Driver	
	_
Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.06.03 11:08:24 -06'00'	_
\$860.00	_
06-03-2019	_
	Annual / Recurring Other  Examination  Unity Panel T-Spot TB Screening  Drug Screen  Plant Operator  Ighter Police Officer  In Vehicle Operator & Incidental Driver  Mishanda D. Wojciechowski  1706839 Date: 2019.06.03 11:08:24-06:00'  \$860.00

/A-2019-06-FR-Intake 4 of 22 W,JA	
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  Components: Immu	Examination  Unity Panel  T-Spot TB Screening
Special Job Titles:	er Plant Operator ighter  Police Officer or Vehicle Operator & Incidental Driver
Other: $\square$	<u> </u>
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.06.03 11:53:49 -06'00'
Authorized Fee:	\$325.00
Date Request to COMS:	06-03-2019

019-06-HR-Intake 5 of 22 G,TJ		
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	<ul><li>Examination</li></ul>	(specify)
Components:	unity Panel	
✓ Urine	e Drug Screen	
	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: 2019.06.03 12:06:52 -06'00'	
Authorized Fee:	\$860.00	
Date Request to COMS:	06-03-2019	-
= 4.0 1 toquest to 001110.		=

VA-2019-06-HR-Intake 6 of 22 W,C	
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 O Annual / Recurring Other REVIEW  (specify)
Type: Evaluation	Examination
	unity Panel
Special Job Titles:	r Plant Operator
☐ Firefi	ghter  Police Officer
☐ Moto	r Vehicle Operator & Incidental Driver
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.06.04 10:41:22 -06'00'
Authorized Fee:	\$325.00
Date Request to COMS:	06-04-2019

-2019-06-HR-Intake 7 of 22 W, TL		
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	nt Annual / Recurring Other	
Type: Evaluation	<ul><li>Examination</li></ul>	(specify)
Components:	unity Panel	
<b>☑</b> Urino	e Drug Screen	
_		
Special Job Titles: L Boile	er Plant Operator	
☐ Firef	fighter	
Moto	or Vehicle Operator & Incidental Driver	
Other:		
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.06.06 10:40:45 -06'00'	
Authorized Fee:	\$860.00	
Date Request to COMS:	06-06-2019	
- alo 1 loquett lo 001110.		

Nama (last first middle):		
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	
5:		
Purpose:   Pre-Placem	ent Annual / Recurring Other	
		(specify)
	ent Annual / Recurring Other	(specify)
Type: Evaluation		(specify)
Type: Evaluation  Components:   Image: Image	Examination  munity Panel  T-Spot TB Screening	(specify)
Type: Evaluation  Components:   Image: Image	<ul><li>Examination</li></ul>	(specify)
Type: Evaluation  Components: Im	Examination  munity Panel  T-Spot TB Screening	(specify)
Type: Evaluation  Components:	Examination  munity Panel  T-Spot TB Screening  rine Drug Screen	(specify)
Type: Evaluation  Components:	Examination  Immunity Panel  I T-Spot TB Screening  I Track The Screening Track The Sc	(specify)
Type: Evaluation  Components:	Examination  T-Spot TB Screening  rine Drug Screen  Diler Plant Operator  refighter  Police Officer	(specify)
Type: Evaluation  Components:	Examination  Immunity Panel  I T-Spot TB Screening  I T-Spot TB Screening  I T-Spot TB Screening  I Police Officer  I Police Officer  I Police Officer  I Otor Vehicle Operator & Incidental Driver	(specify)
Type: Evaluation  Components:	Examination  Immunity Panel  T-Spot TB Screening  Tine Drug Screen  Diler Plant Operator  Trefighter  Police Officer  Totor Vehicle Operator & Incidental Driver  Mishanda D. Wojciechowski  Digitally signed by Mishanda D. Wojciechowski 1706839	(specify)
Type: Evaluation  Components:	Examination  Immunity Panel  I T-Spot TB Screening  I T-Spot TB Screening  I T-Spot TB Screening  I Police Officer  I Po	(specify)

A-2019-06-HR-Intake 9 of 22 D, P		
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:	unity Panel	
<b>☑</b> Urine	e Drug Screen	
Special Job Titles:	r Plant Operator	
☐ Firefi	ighter	
☐ Moto	or Vehicle Operator & Incidental Driver	
Other:		_
	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839	
Montana VA HCS Signature:	1706839 Date: 2019.06.07 09:29:58 -06'00'	
Authorized Fee:	\$482.37	-
Date Request to COMS:	06-07-2019	-

VA-2019-06-HR-Intake 10 of 22 A,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-Placemen	t Annual / Recurring Other	
Type: Evaluation	<ul><li>Examination</li></ul>	(specify)
Components:	unity Panel	
☐ Urine	e Drug Screen	
_	er Plant Operator	
_	ighter $\square$ Police Officer	
☐ Moto	or Vehicle Operator & Incidental Driver	
Other: L		
Montana VA HCS Signature:	Mishanda D. Wojciechowski  Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.06.11 10:47:09 -06'00'	
Authorized Fee:	\$247.00	
Date Request to COMS:	06-11-2019	
= ==== ::0 4===: :0 0 0 :::0:		

VA-2019-06-HR-Intake 11 of 22 S, 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 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: Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839
Date: 2019.06.12 12:11:45 -06'00' 1706839 Montana VA HCS Signature: \$860.00 Authorized Fee: 06-12-2019 Date Request to COMS:

Firefi	Ighter ☐ Police Officer  or Vehicle Operator & Incidental Driver  Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839  Date: 2019.06.14 09:30:27 -06'00'  \$860.00  06-14-2019	- - -
☐ Firefi☐ Moto	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.06.14 09:30:27 -06'00'	-
☐ Firefi	3	_
Firefi	3	
_	ghter	
Special Job Titles:		
	r Plant Operator	
	unity Panel	
Type:	Examination	
Purpose: Pre-Placement		(specify)
Preferred Clinic Location:	Helena	
Special Note:		
City, State, Zip:		
Address:		
E-Mail:		
Phone - cell:  Phone - alternate:		
Social Security Number:		
O = =   -   O = =   t   N		
Date of Birth (mm-dd-yyyy):		

VA-2019-06-HR-Intake 13 of 22 W, RP		
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	Helena t Annual / Recurring Other	
Type: Evaluation	Examination	(specify)
-	unity Panel  T-Spot TB Screening  Prug Screen	
_	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: 2019.06.14 10:44:01 -06'00'	
Authorized Fee:	\$860.00	
Date Request to COMS:	06-14-2019	

VA-2019-06-HR-Intake 14 of 22 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:	Billings	
Purpose: Pre-Placemen	t Annual / Recurring Other	
Type: Evaluation	(specify) Examination	
Components: Immu	unity Panel	
☐ Urine	e Drug Screen	
_		
Special Job Titles:	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: 2019.06.19 11:51:38 -06'00'	
Authorized Fee:	\$490.00	
Date Request to COMS:	06-19-2019	

A-2019-06-HR-Intake 15 of 22 W, AS		
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:	Examination	(specify)
Components:	unity Panel	
☐ Urine	e Drug Screen	
-	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: 2019.06.19 12:56:04 -06'00'	
Authorized Fee:	\$477.63	-
Date Request to COMS:	06-19-2019	-
= a.ccqaoot to 00.00.		_

VA-2019-06-HR-Intake 16 of 22 P, JD		
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		ecify)
-	unity Panel	
Special Job Titles:	er Plant Operator	
☐ Firef	ighter	
☐ Moto	or Vehicle Operator & Incidental Driver	
Other:	<u> </u>	
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839  Date: 2019.06.19 13:13:14 -06'00'	
Authorized Fee:	\$477.63	
Date Request to COMS:	06-19-2019	

019-06-HR-Intake 17 of 22 G, C	L		
Name (last, first r	middle):		
Date of Birth (mm-de	d-yyyy):		
Social Security N	lumber:		
Phon	e - cell:		
Phone - al	ternate:		
	E-Mail:		
А	ddress:		
City, Sta	ate, Zip:		
Speci	al Note:		
Preferred Clinic Lo	ocation:	Helena	
Purpose: Pre-	Placement	9	(if-)
Type: Eval	uation	<ul><li>Examination</li></ul>	(specify)
Components:	_	unity Panel	
Special Job Titles:	☐ Boile	er Plant Operator	
	☐ Firefi	ighter	
	☐ Moto	or Vehicle Operator & Incidental Driver	
Other:			
Montana VA HCS Signatur	gnature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.06.20 11:12:26 -06'00'	
Authoriz	_	\$860.00	
Date Request to	COMS:	06-20-2019	

/A-2019-06-HR-Intake 18 of 22 L-S, JD		
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:	Examination	(specify)
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: 2019.06.20 16:31:58 -06'00'	
Authorized Fee:	\$477.63	
Date Request to COMS:	06-20-2019	-
1		-

A-2019-06-HR-Intake 19 of 22 S, 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:  Purpose:  Pre-Placement	Billings t Annual / Recurring Other	
	(spe	ecify)
Type: ( Evaluation	Examination	
Components:	unity Panel	
☐ Urine	e Drug Screen	
<u> </u>	er Plant Operator ighter	
☐ Moto	r Vehicle Operator & Incidental Driver	
Other:		
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839  Date: 2019.06.21 14:52:10 -06'00'	
Authorized Fee:	\$154.24	
Date Request to COMS:	06-21-2019	

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	
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 (s	
Phone - cell: Phone - alternate: E-Mail: Address: City, State, Zip: Special Note:  Preferred Clinic Location: Helena  Purpose:  Purpose:  Annual / Recurring Other (s	
Phone - alternate:  E-Mail:  Address: City, State, Zip: Special Note:  Preferred Clinic Location: Helena  Purpose: Pre-Placement Annual / Recurring Other (s	
E-Mail: Address: City, State, Zip: Special Note:  Preferred Clinic Location: Helena  Purpose: Pre-Placement Annual / Recurring Other (s	
Address: City, State, Zip: Special Note:  Preferred Clinic Location: Helena  Purpose: Pre-Placement Annual / Recurring Other (s	
City, State, Zip: Special Note:  Preferred Clinic Location: Helena  Purpose: Pre-Placement Annual / Recurring Other (s	
Purpose: Pre-Placement Annual / Recurring Other	
Preferred Clinic Location: Helena  Purpose: Pre-Placement Annual / Recurring Other	
Purpose: Pre-Placement Annual / Recurring Other(s	
Purpose: Pre-Placement Annual / Recurring Other(s	
(s	
(s	
	specify)
Components:	
☐ Urine Drug Screen	
<u> </u>	
Special Job Titles:	
☐ Firefighter ☐ Police Officer	
☐ Motor Vehicle Operator & Incidental Driver	
Other:	
Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839  Montana VA HCS Signature:  Mishanda D. Wojciechowski 1706839  Date: 2019.06.24 10:02:23 -06'00'	
Authorized Fee: \$477.63	
Date Request to COMS: 06-24-2019	

-2019-06-HR-Intake 21 of 22 H, AL		
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	Billings  at Annual / Recurring Other  Examination	(specify)
_	unity Panel  T-Spot TB Screening e Drug Screen	
_	er Plant Operator  ighter	
_	or Vehicle Operator & Incidental Driver	
Other:	·	_
Montana VA HCS Signature:	Mishanda D. Wojciechowski  Digitally signed by Mishanda D.  Wojciechowski 1706839  Date: 2019.06.24 11:16:11 -06'00'	-
Authorized Fee:	\$860.00	-
Date Request to COMS:	06-24-2019	_

Special Job Titles:  Boile Firefit	T-Spot TB Screening  Torug Screen  The Plant Operator  The Police Officer  The Vehicle Operator & Incidental Driver  Mishanda D. Wojciechowski  Toessay  Digitally signed by Mishanda D.  Wojciechowski 1706839  Date: 2019.06.24 13:14:41 -06'00'  \$154.24  Toessay  106-24-2019	_
Special Job Titles:  Boile Firefit Moto Other:	Plant Operator ghter Police Officer r Vehicle Operator & Incidental Driver  Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.06.24 13:14:41 -06'00'	_
Special Job Titles:  Boile Firefit Moto	e Drug Screen  r Plant Operator ghter	
Special Job Titles:  Boile Firefit	e Drug Screen  r Plant Operator ghter	
☐ Urine  Special Job Titles: ☐ Boile	r Plant Operator	
☐ Urine	e Drug Screen	
_		
Components:	unity Panel	
Type:	Examination	(opoony)
Purpose: Pre-Placement	t Annual / Recurring Other	(specify)
Troising Simile Location.	Holona	
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):  Social Security Number:		
Name (last, first middle):  Date of Birth (mm-dd-yyyy):  Social Security Number:		