

Montana VA HCS - Medical Evaluation or Examination Request

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

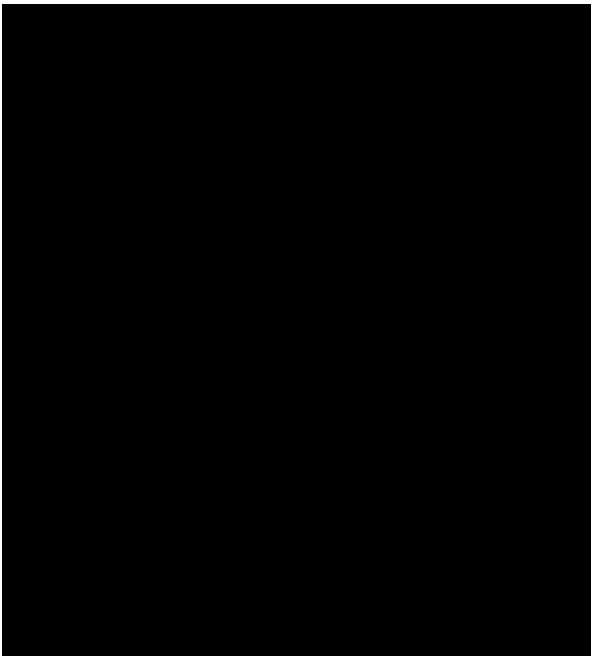
Montana VA HCS Signature: Mishanda D. Wojciechowski 1706839  
Authorized Fee: \$325.00  
Date Request to COMS: 06-03-2019

Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.06.03 09:06:11 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

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: 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  
Authorized Fee: \$860.00  
Date Request to COMS: 06-03-2019

Mishanda D. Wojciechowski 1706839  
Digitally signed by Mishanda D. Wojciechowski 1706839  
Date: 2019.06.03 10:48:05 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-06-HR-Intake 3 of 22 H,SE

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

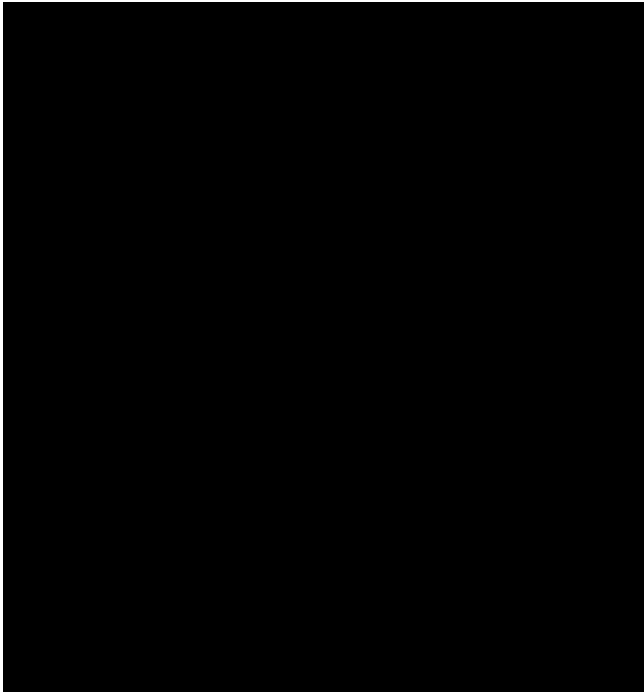
Phone - alternate:

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: 2019.06.03 11:08:24 -06'00'

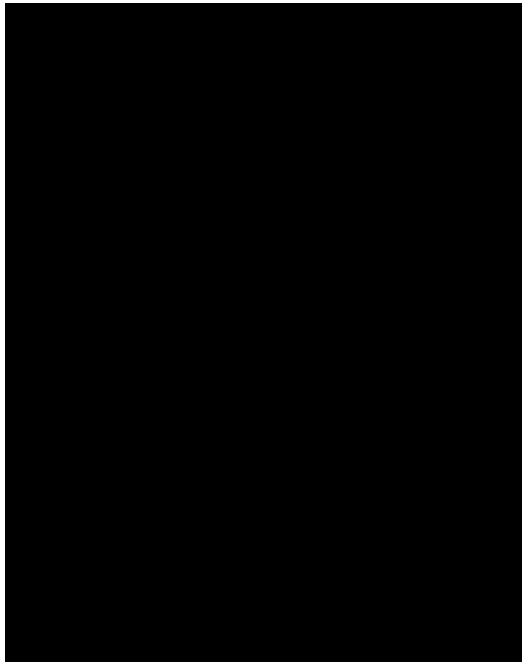
Authorized Fee: \$860.00

Date Request to COMS: 06-03-2019

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-06-HR-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: 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:  \_\_\_\_\_

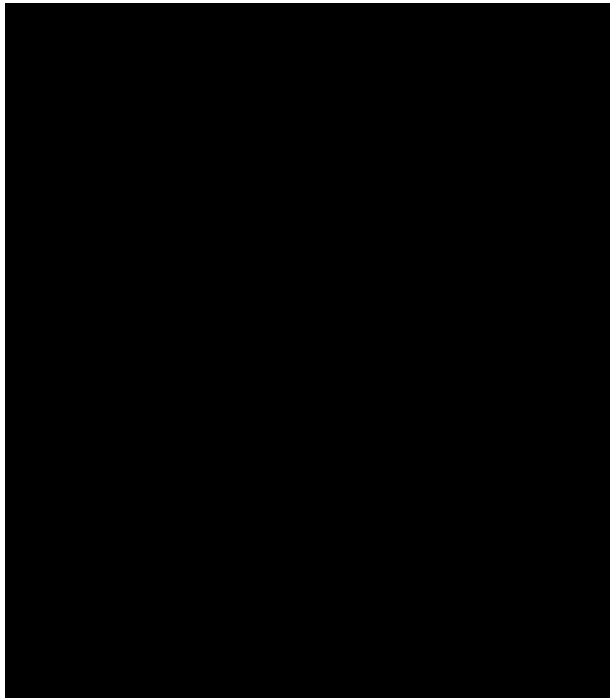
Montana VA HCS Signature: Mishanda D. Wojciechowski 1706839  
Authorized Fee: \$325.00  
Date Request to COMS: 06-03-2019

Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.06.03 11:53:49 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-06-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     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: 06-03-2019

Mishanda D. Wojciechowski 1706839  
Digitally signed by Mishanda D. Wojciechowski 1706839  
Date: 2019.06.03 12:06:52 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

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:

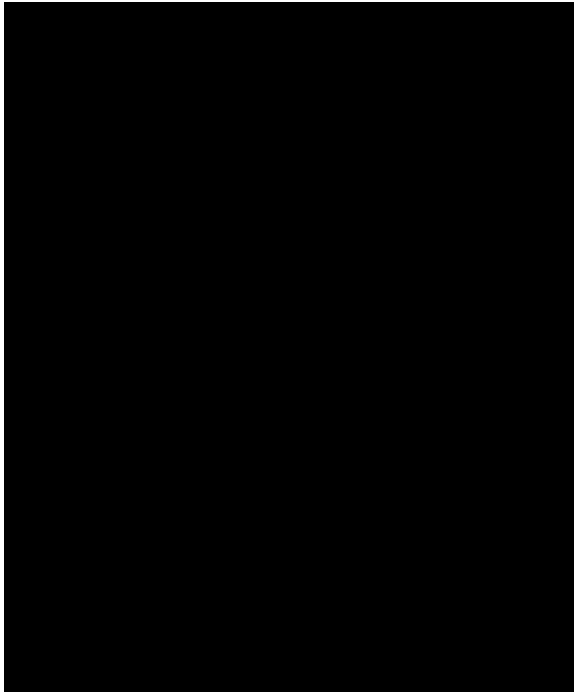
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: 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:  \_\_\_\_\_

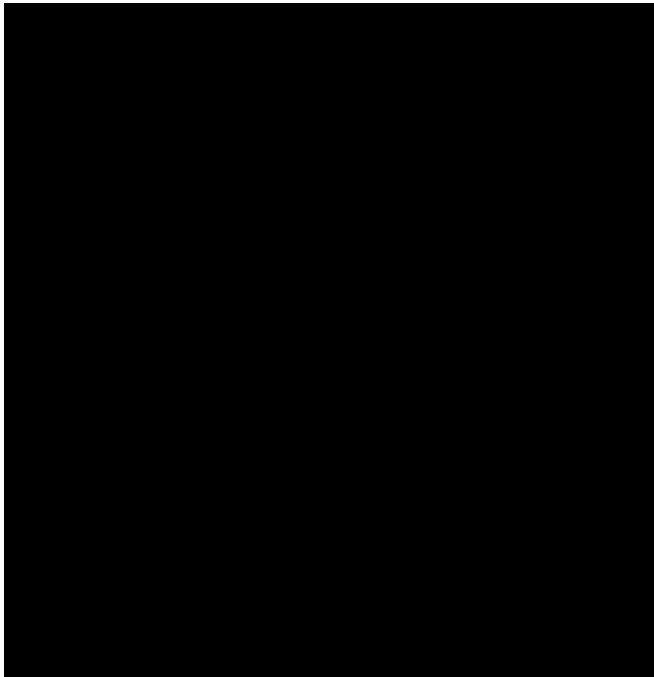
Montana VA HCS Signature: Mishanda D. Wojciechowski  
Authorized Fee: \$325.00  
Date Request to COMS: 06-04-2019

Mishanda D. Wojciechowski 1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.06.04 10:41:22 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

VA-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-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: 06-06-2019

Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.06.06 10:40:45 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-06-HR-Intake 8 of 22 L, NB

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

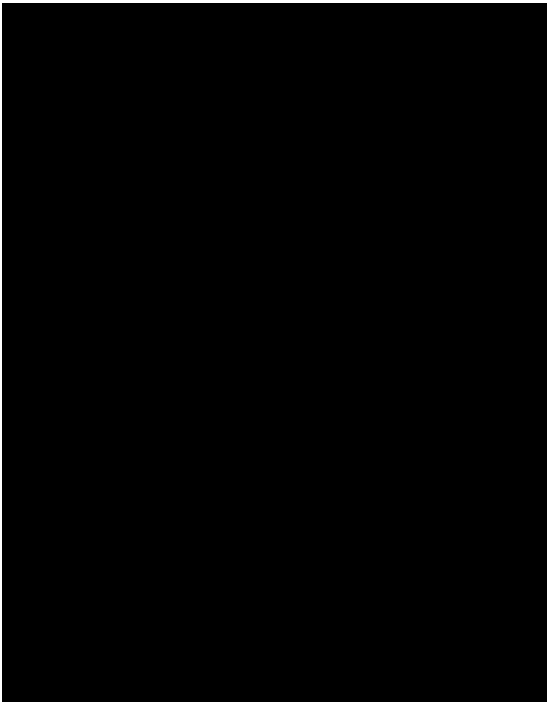
Phone - alternate:

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: 2019.06.06 10:56:50 -06'00'

Authorized Fee: \$860.00

Date Request to COMS: 06-06-2019



Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-06-HR-Intake 9 of 22 D, P

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

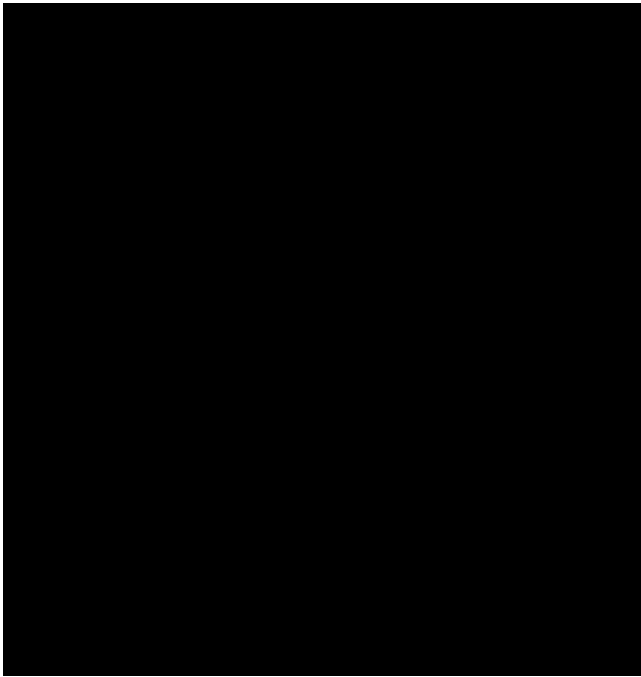
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: Helena

Purpose:  Pre-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: 2019.06.07 09:29:58 -06'00'

Authorized Fee: \$482.37

Date Request to COMS: 06-07-2019

Montana VA HCS - Medical Evaluation or Examination Request

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:

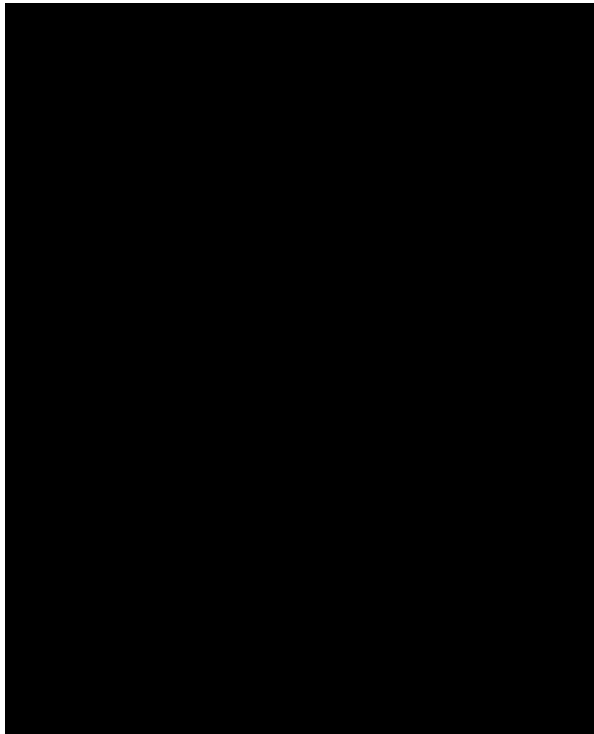
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: Helena

Purpose:  Pre-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: 2019.06.11 10:47:09 -06'00'

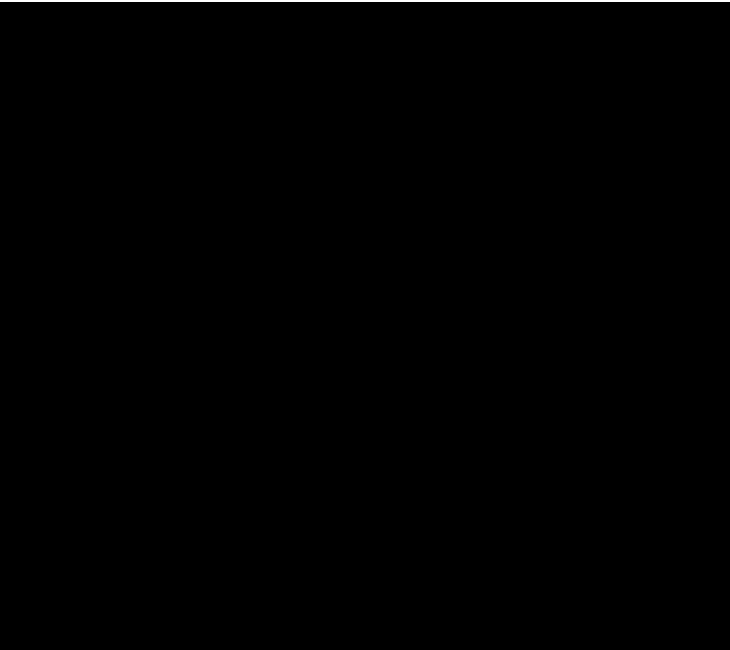
Authorized Fee: \$247.00

Date Request to COMS: 06-11-2019

Montana VA HCS - Medical Evaluation or Examination Request

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

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: 06-12-2019

Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.06.12 12:11:45 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-06-HR-Intake 12 of 22 L, M

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

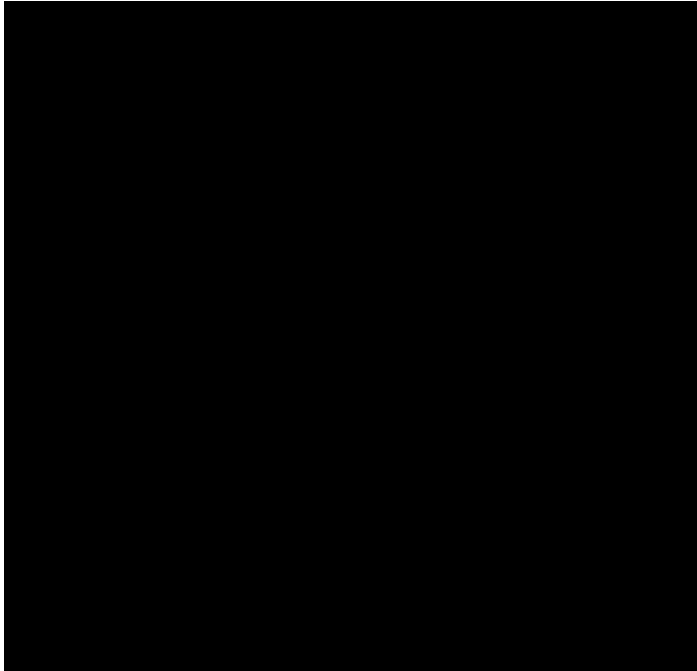
Phone - alternate:

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: 2019.06.14 09:30:27 -06'00'

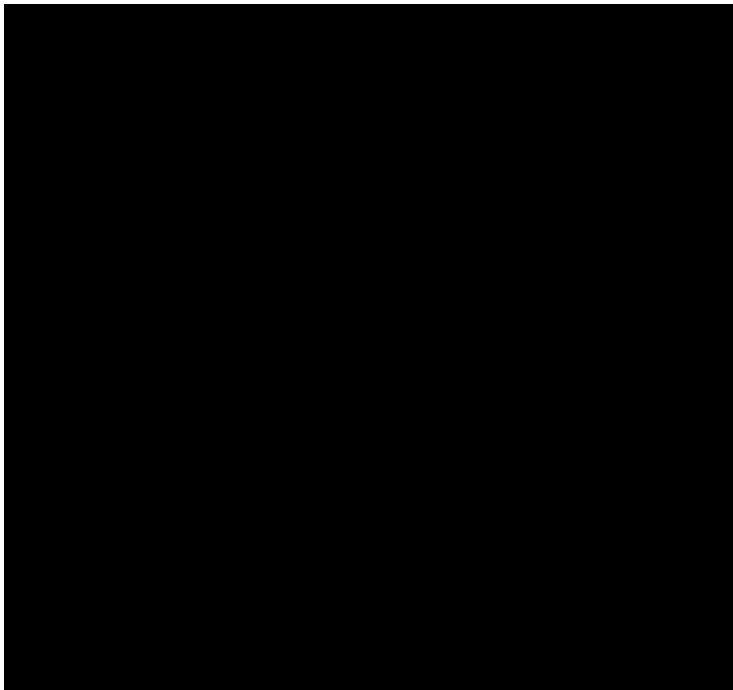
Authorized Fee: \$860.00

Date Request to COMS: 06-14-2019

Montana VA HCS - Medical Evaluation or Examination Request

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: 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: 06-14-2019

Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.06.14 10:44:01 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

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:

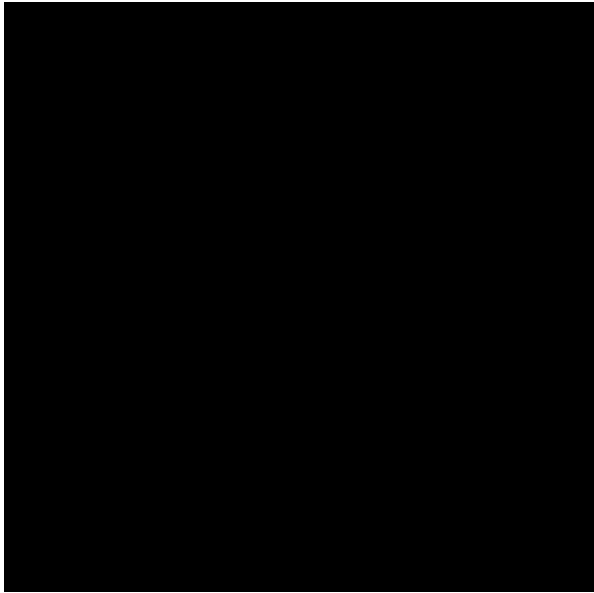
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: Billings

Purpose:  Pre-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: 2019.06.19 11:51:38 -06'00'

Authorized Fee: \$490.00

Date Request to COMS: 06-19-2019

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-06-HR-Intake 15 of 22 W, AS

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

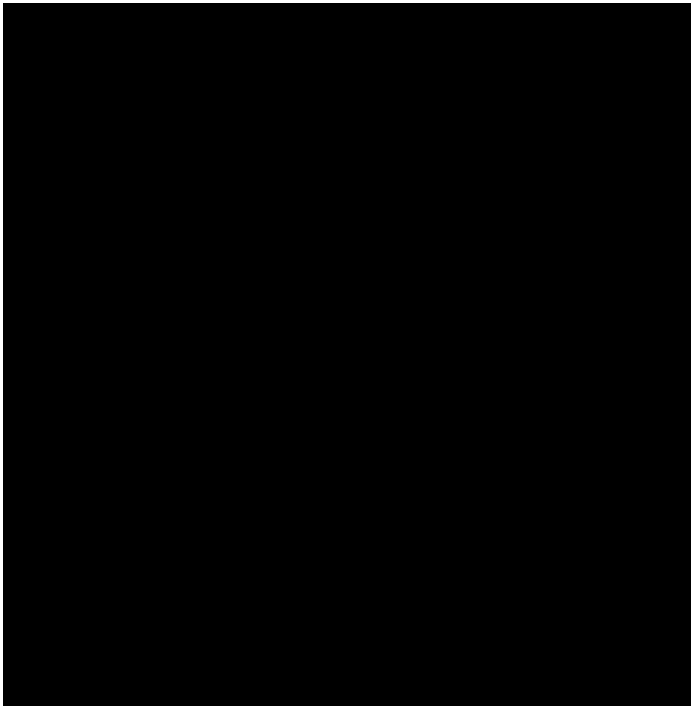
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: Helena

Purpose:  Pre-Placement  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: 2019.06.19 12:56:04 -06'00'

Authorized Fee: \$477.63

Date Request to COMS: 06-19-2019

Montana VA HCS - Medical Evaluation or Examination Request

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:

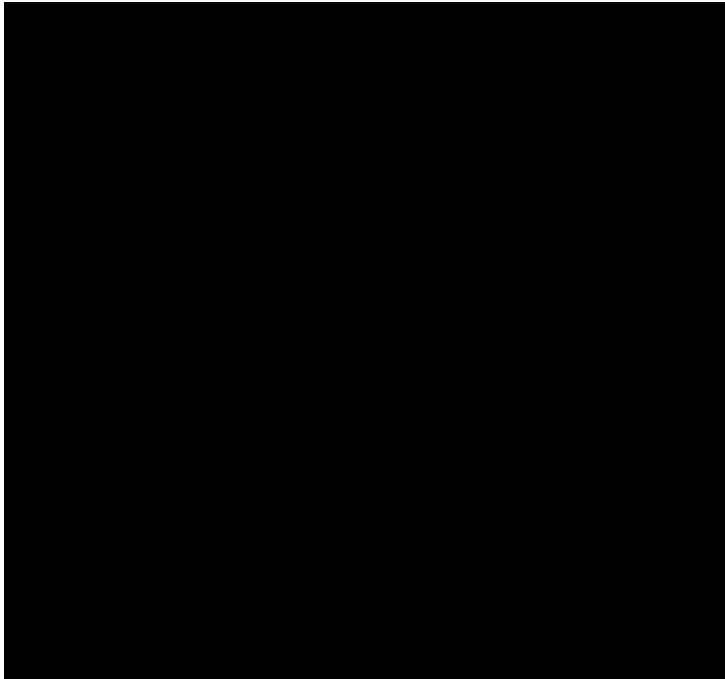
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: 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: 2019.06.19 13:13:14 -06'00'

Authorized Fee: \$477.63

Date Request to COMS: 06-19-2019



Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-06-HR-Intake 17 of 22 G, CL

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

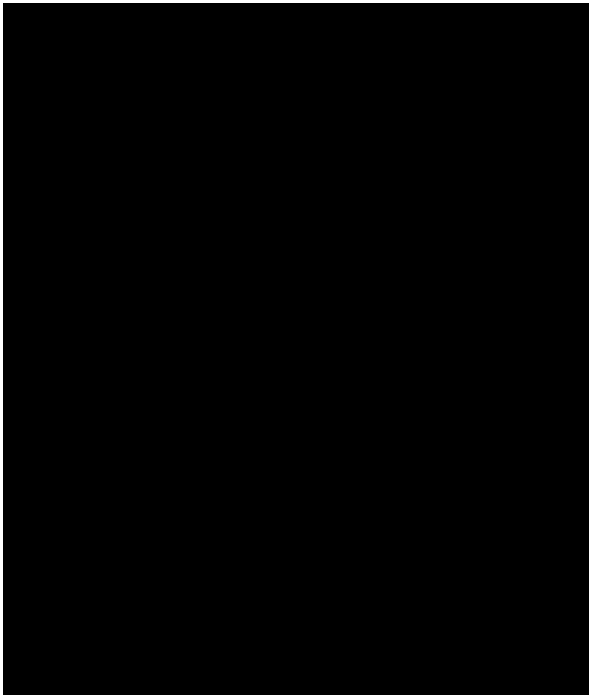
Phone - alternate:

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: 2019.06.20 11:12:26 -06'00'

Authorized Fee: \$860.00

Date Request to COMS: 06-20-2019

Montana VA HCS - Medical Evaluation or Examination Request

VA-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-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: 06-20-2019

Mishanda D. Wojciechowski 1706839  
Digitally signed by Mishanda D. Wojciechowski 1706839  
Date: 2019.06.20 16:31:58 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-06-HR-Intake 19 of 22 S, J

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

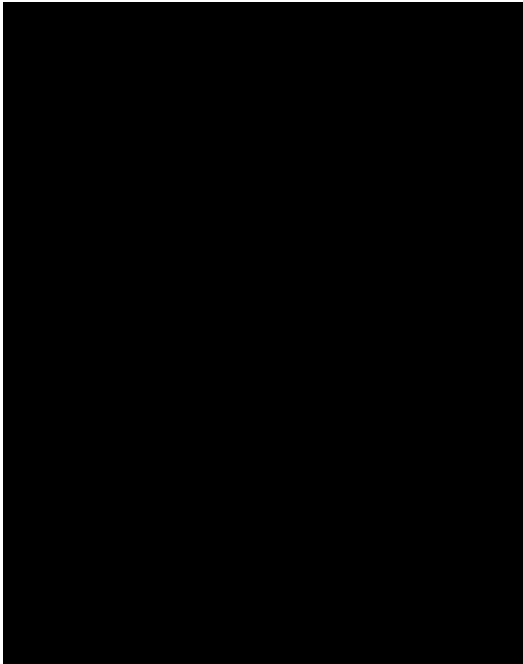
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: 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: 2019.06.21 14:52:10 -06'00'

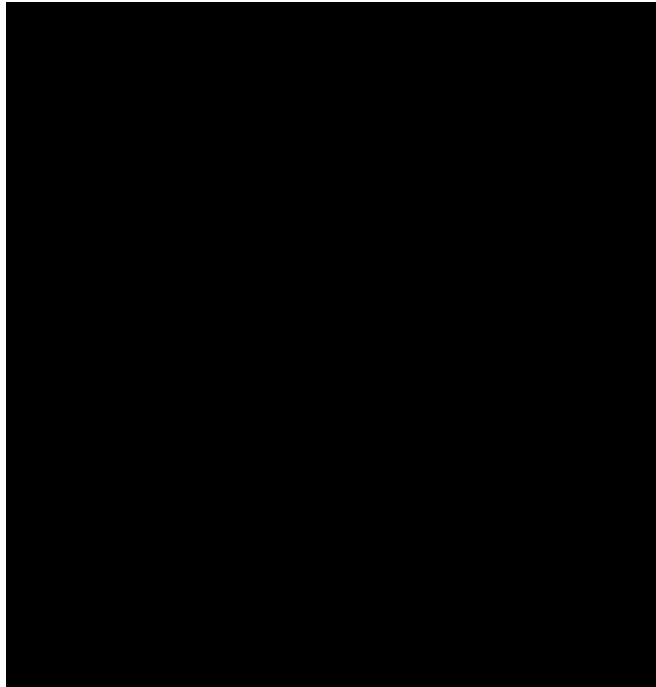
Authorized Fee: \$154.24

Date Request to COMS: 06-21-2019

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-06-HR-Intake 20 of 22 C, EC

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: 06-24-2019

Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.06.24 10:02:23 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-06-HR-Intake 21 of 22 H, AL

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

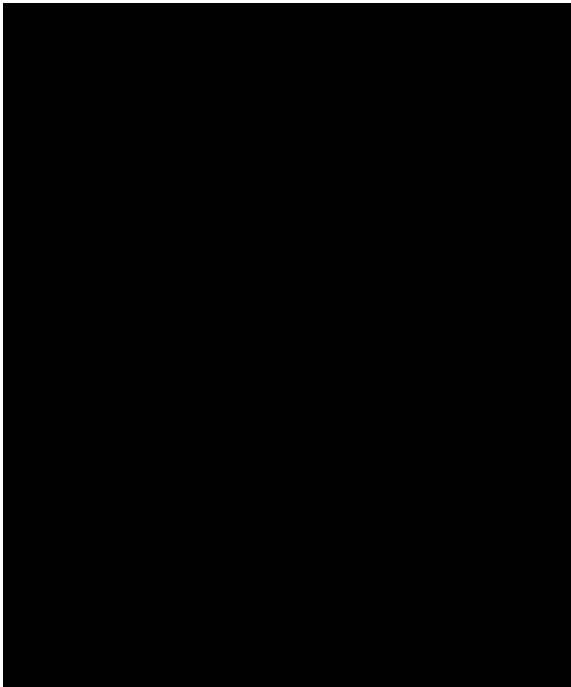
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: 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: 2019.06.24 11:16:11 -06'00'

Authorized Fee: \$860.00

Date Request to COMS: 06-24-2019

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-06-HR-Intake 22 of 22 M, TC

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

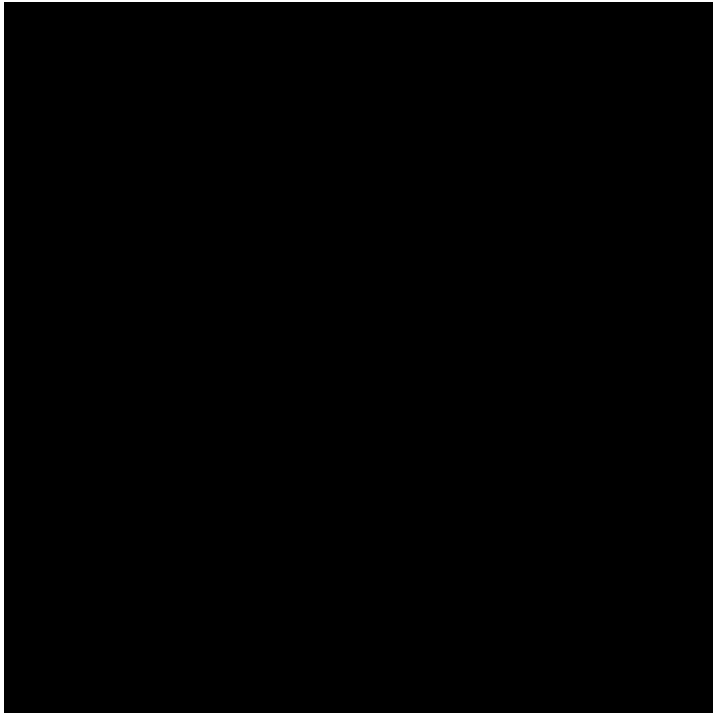
Phone - alternate:

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: 2019.06.24 13:14:41 -06'00'

Authorized Fee: \$154.24

Date Request to COMS: 06-24-2019