VA-2019-06-VD Intake 1 of 25 C, JE	
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 / R	
Type: Evaluation Examination	(specify) on
Components: Immunity Panel Urine Drug Screen	☐ T-Spot TB Screening
Special Job Titles: Boiler Plant Operator	
☐ Firefighter	☐ Police Officer
✓ Motor Vehicle Operator &	& Incidental Driver
Other:	•
Montana VA HCS Signature:	
Authorized Fee: \$480.00	
Data Request to COMS: 05-31-2019	

A-2019-06-VD-Intake 2 of 25 F, CD		
Name (last, first middle):		
Date of Birth (mm-dd-yyyy):		
Social Security Number:		a a
Phone - cell:		
Phone - alternate:		
E-Mail:		
Address:		
City, State, Zip:		
Special Note:		
Preferred Clinic Location: Purpose: Pre-Placemer Type: Evaluation	Dillon Annual / Recurring Other Examination	(specify)
· ·	e Drug Screen	
Special Job Titles:	er Plant Operator	
☐ Firef	fighter	
☑ Moto	or Vehicle Operator & Incidental Driver	
Other:		-
Montana VA HCS Signature:		
Authorized Fee:	\$480.00	
Date Request to COMS:	05-31-2019	

VA-2019-06-VD-Intake 3 of 25 S, RM		
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 Type: Evaluation	nt	(specify)
Type: Evaluation Components: Imm Urin	Examination T-Spot TB Screening e Drug Screen	(specify)
Type: Evaluation Components: Imm Urin Special Job Titles: Boile	Examination T-Spot TB Screening e Drug Screen er Plant Operator	(specify)
Type: Evaluation Components: Imm Urin Special Job Titles: Boile Fire	Examination T-Spot TB Screening e Drug Screen er Plant Operator fighter Police Officer	(specify)
Type: Evaluation Components: Imm Urin Special Job Titles: Boile Fire	Examination T-Spot TB Screening e Drug Screen er Plant Operator	(specify)
Type: Evaluation Components: Imm Urin Special Job Titles: Boile Fire	Examination T-Spot TB Screening e Drug Screen er Plant Operator fighter Police Officer	(specify)
Type: Evaluation Components: Imm Urin Special Job Titles: Boile Fire	Examination T-Spot TB Screening e Drug Screen er Plant Operator fighter Police Officer	(specify)
Type: Evaluation Components: Imm Urin Special Job Titles: Boild Fire Moto	Examination T-Spot TB Screening e Drug Screen er Plant Operator fighter Police Officer	(specify)

VA-2019-06-VD-Intake 4 of 25 H, L 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-Placemer	9
Type: CEvaluation	(specify) Examination
	,
Components:	unity Panel
☐ Urino	e Drug Screen
Special Job Titles: 🔲 Boile	er Plant Operator
_	ighter
_	or Vehicle Operator & Incidental Driver
Other:	
Montana VA HCS Signature:	210000
Authorized Fee:	\$480.00
Date Request to COMS:	05-31-2019

VA-2019-06-VD-Intake 5 of 25 H, DC Montana VA HCS - Medical Evaluation or Examination Request

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
Purpose: Pre-Placemen	t • Annual / Recurring Other
Type: Evaluation	(specify)
Type. Cvaluation	Examination
Components:	unity Panel
□ Onne	e Drug Screen
Special Job Titles: Boile	r Plant Operator
	ghter
	r Vehicle Operator & Incidental Driver
Other:	
Ottler.	
Montana VA HCS Signature:	
Authorized Fee:	\$480.00
Date Request to COMS:	05-31-2019

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:	Billings	
Purpose: Pre-Placemer	nt	
Type: Evaluation	Examination	(specify)
-	unity Panel	ı.
☐ Urin		T.
☐ Uring	e Drug Screen	r
☐ Urind Special Job Titles: ☐ Boild ☐ Firef	e Drug Screen er Plant Operator	T.
☐ Urind Special Job Titles: ☐ Boild ☐ Firef	e Drug Screen er Plant Operator ighter	
☐ Uring Special Job Titles: ☐ Boile ☐ Firef ☐ Moto	e Drug Screen er Plant Operator ighter	
☐ Uring Special Job Titles: ☐ Boile ☐ Firef ☐ Moto	e Drug Screen er Plant Operator ighter	

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)
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: \$634.24	
05 21 2010	
Date Request to COMS: U5-31-2019	

VA-2019-06-VD-Intake 8 of 25 A, MG Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle):		
Date of Birth (mm-dd-yyyy):		
Social Security Number:		ē
Phone - cell:		
Phone - alternate:		
E-Mail:		
Address:		
City, State, Zip:		
Special Note:		×
,		
Preferred Clinic Location:	Missoula	
Purpose: Pre-Placemer	nt Annual / Recurring Other	(specify)
Type: Evaluation	Examination	(specify)
	unity Panel	
_	er Plant Operator ighter	,
☑ Moto	or Vehicle Operator & Incidental Driver	
Other: 🔲		_
Montana VA HCS Signature:		
Authorized Fee:	\$480.00	
Date Request to COMS:	05-31-2019	-

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	• • • —	(specify)
Type: Evaluation	Examination	(эреспу)
	nunity Panel	
LJ Urin	e Drug Screen	
Special Job Titles:	er Plant Operator	
-	fighter	
☑ Moto	or Vehicle Operator & Incidental Driver	
Other:		
		,
Montana VA HCS Signature:	\$480.00	
Authorized Fee:	06-04-2019	
Date Request to COMS:	00"0 1 "2010	

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-Placemer	nt	
Type: Evaluation	Examination	(specify)
	unity Panel	
Special Job Titles:	er Plant Operator	
☐ Firef	ighter	
	or Vehicle Operator & Incidental Driver	
Other:		
Montana VA HCS Signature: 2		
Authorized Fee:	\$480.00	
Date Request to COMS:	06-04-2019	

VA-2019-06-VD-Intake 11 of 25 D, MR 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		
Type: Cevaluation	(specify) Examination	
	unity Panel	
☐ Urin	e Drug Screen	
Special Job Titles:	er Plant Operator	
	ighter	
	or Vehicle Operator & Incidental Driver	
Other:	Verilloid Operator & molderitar Driver	
Montana VA HCS Signature.		
Authorized Fee:	\$480.00	
Date Request to COMS:	06-04-2019	

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:	Kalispell	
	•	
Purpose: Pre-Placement	t Annual / Recurring Other	
Type: Cevaluation	Examination	(specify)
Components:	inity Panel	
☐ Urine	Drug Screen	
Special Job Titles: Boiler	r Plant Operator	
Firefig	<u> </u>	
	Vehicle Operator & Incidental Driver	
Other:	veriloie operator a moderitar briver	
, Based		
Montana VA HCS Signature: <		•
Authorized Fee:	\$480.00	
Date Request to COMS:	06-13-2019	

VA-2019-06-VD-Intake 13 of 25 T, JW Montana VA HCS - Medical Evaluation or Examination Request

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	Name (last, first middle):	
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 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: Motor Vehicle Operator & Incidental Driver Authorized Fee: \$480.00	Date of Birth (mm-dd-yyyy):	
Phone - alternate: E-Mail: Address: City, State, Zip: Special Note: Preferred Clinic Location: Billings Purpose: Pre-Placement Annual / Recurring Other 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	Social Security Number:	
E-Mail: Address: City, State, Zip: Special Note: Preferred Clinic Location: Billings Purpose: Pre-Placement Annual / Recurring Other 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	Phone - cell:	
Address: City, State, Zip: Special Note: Preferred Clinic Location: Billings Purpose: Pre-Placement Annual / Recurring Other 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	Phone - alternate:	
City, State, Zip: Special Note: Preferred Clinic Location: Billings Purpose: Pre-Placement Annual / Recurring Other 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: \$480.00	E-Mail:	
Purpose: Pre-Placement Annual / Recurring Other 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	Address:	
Purpose: Pre-Placement Annual / Recurring Other Type: Evaluation Examination Components: Immunity Panel T-Spot TB Screening Urine Drug Screen Special Job Titles: Boiler Plant Operator Firefighter Plolice Officer Motor Vehicle Operator & Incidental Driver Other: Montana VA HCS Signature: Authorized Fee: \$480.00	City, State, Zip:	
Purpose: Pre-Placement Annual / Recurring Other Type: Evaluation Examination Components: Immunity Panel T-Spot TB Screening Urine Drug Screen Special Job Titles: Boiler Plant Operator Firefighter Plant Operator Motor Vehicle Operator & Incidental Driver Other: Motor Vehicle Operator & Incidental Driver Authorized Fee: \$480.00	Special Note:	
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: \$480.00	Preferred Clinic Location: Billings	
□ Urine Drug Screen Special Job Titles: □ Boiler Plant Operator □ Firefighter □ Police Officer □ Motor Vehicle Operator & Incidental Driver Other: □ □ Montana VA HCS Signature: \$480.00	(s	pecify)
Firefighter Police Officer Motor Vehicle Operator & Incidental Driver Other: Montana VA HCS Signature: \$480.00		
Motor Vehicle Operator & Incidental Driver Other: Montana VA HCS Signature: Authorized Fee: \$480.00	Special Job Titles:	
Other: Montana VA HCS Signature: \$480.00 Authorized Fee:	☐ Firefighter ☐ Police Officer	
Montana VA HCS Signature: \$480.00	Motor Vehicle Operator & Incidental Driver	
Authorized Fee: \$480.00	Other:	
Authorized Fee: \$480.00		
Authorized Fee.	¢/100 00	
Date Request to COMS: 06-13-2019	06 13 2010	

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	nt Annual / Recurring Other	
Type: Evaluation	Examination	(specify)
Type: Evaluation	Examination	(specify)
	Examination T-Spot TB Screening	(specify)
Components:		(specify)
Components:	e Drug Screen T-Spot TB Screening e Drug Screen	(specify)
Components: Imm Urin Special Job Titles: Boild Fire	aunity Panel T-Spot TB Screening e Drug Screen er Plant Operator fighter Police Officer	(specify)
Components: Imm Urin Special Job Titles: Boile Fire	e Drug Screen T-Spot TB Screening e Drug Screen	(specify)
Components: Imm Urin Special Job Titles: Boild Fire	aunity Panel T-Spot TB Screening e Drug Screen er Plant Operator fighter Police Officer	(specify)
Components: Imm Urin Special Job Titles: Boile Fire	aunity Panel	(specify)
Components: Imm Urin Special Job Titles: Boile Fire Moto	aunity Panel T-Spot TB Screening e Drug Screen er Plant Operator fighter Police Officer	(specify)

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-Placemer	nt	
Type: Evaluation	Examination	(specify)
-	unity Panel	
process	er Plant Operator ighter	
Other:	or Vehicle Operator & Incidental Driver	-
Montana VA HCS Signature:		
Authorized Fee:	\$480.00	
Date Request to COMS:	06-13-2019	

Name (last, firs	t middle):		
Date of Birth (mm-	dd-yyyy):		
Social Security	Number:		
Pho	ne - cell:		
Phone - a	alternate:		
	E-Mail:		
,	Address:		
City, Si	tate, Zip:		
Spec	ial Note:		
Preferred Clinic L	ocation:	Billings	
		•	
Purpose: Pre	-Placemer	nt Annual / Recurring Other	(
Type: Eva	luation	Examination	(specify)
		_	
Components:	_	unity Panel	
	∐ Urin	e Drug Screen	
Special Job Titles:	☐ Boile	er Plant Operator	
		ighter	
		or Vehicle Operator & Incidental Driver	
Other:			
			-
Montana VA HCS Sig	gnature:	\$400.00	
Authoriz	ed Fee:	\$480.00	
Date Request to	COMS	06-13-2019	

Montana VA HCS - Medical Evaluation or Examination Request VA-2019-06-VD-Intake 17 of 25 F, FJ

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	
Telefia	
Purpose: Pre-Placement Annual / Recurring Other	(specify)
Type: Evaluation Examination	(эрвелу)
	·
Components:	
☐ Urine Drug Screen	
☐ Urine Drug Screen	
Special Job Titles:	
Special Job Titles: Boiler Plant Operator Firefighter Police Officer	·
Special Job Titles: Boiler Plant Operator Firefighter Police Officer Motor Vehicle Operator & Incidental Driver	
Special Job Titles: Boiler Plant Operator Firefighter Police Officer Motor Vehicle Operator & Incidental Driver Other: Montana VA HCS Signature:	
Special Job Titles: Boiler Plant Operator Firefighter Police Officer Motor Vehicle Operator & Incidental Driver Other:	

VA-2019-06-VD-Intake 18 of 25 M, AA 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	nt Annual / Recurring Other	(specify)
Type: Evaluation	Examination	(арсолу)
house	nunity Panel	
Li Urin	e Drug Screen	
Special Job Titles:	er Plant Operator	
P	fighter	
	or Vehicle Operator & Incidental Driver	
Other: 🔲		
Montana VA HCS Signature:	\$480.00	
Authorized Fee:	9480.00 9480.000 948	*
Date Request to COMS:	00-10-2010	

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-Placeme	ent Annual / Recurring Other	()
Type: Evaluation	Examination	(specify)
	munity Panel	
Special Job Titles:	ler Plant Operator	
☐ Fire	efighter	
☑ Mot	tor Vehicle Operator & Incidental Driver	
Other:		
Montana VA HCS Signature:		
Authorized Fee:	\$480.00	
Date Request to COMS:	06-14-2019	

VA-2019-06-VD-Intake 20 of 25 B, RM Montana VA HCS - Medical Evaluation or Examination Request

		4
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	it	
Type: Evaluation	Examination	(specify)
Components:	unity Panel	
∐ Urine	e Drug Screen	
Special Job Titles: 🔲 Boile	er Plant Operator	
☐ Firef	ighter	
☑ Moto	or Vehicle Operator & Incidental Driver	
Other:		_
<u>Montana VA HCS</u> Signature:∕	\$480.00	n
Authorized Fee:	06-14-2019	
Date Request to COMS.		

VA-2019-06-VD-Intake 21 of 25 H, JM 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-Placemen	t Annual / Recurring Other
Type: Evaluation	(specify) Examination
<u> </u>	unity Panel T-Spot TB Screening e Drug Screen
Special Job Titles: D Boile	r Plant Operator
☐ Firefi	ghter
☑ Moto	r Vehicle Operator & Incidental Driver
Other:	
Montana VA HCS Signature:	
Authorized Fee:	\$480.00
Date Request to COMS:	06-14-2019

VA-2019-06-VD-Intake 22 of 25 G, TA Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first m	niddle):	
Date of Birth (mm-dd-	-уууу):	
Social Security Nu	umber:	
Phone	e - cell:	
Phone - alte	ernate:	
E	E-Mail:	
Ad	Idress:	
City, Stat	te, Zip:	Ł
Special	I Note:	
Preferred Clinic Loc		
Purpose: Pre-P	Placement	cify)
Type: Evalua	ation	
Components:	☐ Immunity Panel ☐ T-Spot TB Screening ☐ Urine Drug Screen	
Special Job Titles:	☐ Boiler Plant Operator ☐ Firefighter ☐ Police Officer	
I	Motor Vehicle Operator & Incidental Driver	
Other:		
Montana VA HCS Sign	nature.	
Authorized		
Date Request to C	_{COMS} . 06-12-2019	

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: Purpose: Pre-Placemer	Great Falls ot Annual / Recurring Other	
Type: Evaluation	Examination	(specify)
	unity Panel	
Special Job Titles:	er Plant Operator	
	or Vehicle Operator & Incidental Driver	
Other: 🚨		-
-	\$480.00	-
	No.	-
☐ Firef	p-may .	-

VA-2019-06-VD-Intake 24 of 25 K, RM Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middl	e):
Date of Birth (mm-dd-yyy	yy):
Social Security Numb	ver:
Phone - c	ell:
Phone - alterna	ite:
E-M	ail:
Addre	ss:
City, State, Z	Zip:
Special No	ote:
Preferred Clinic Location	on: Billings
	·
Purpose: Pre-Place	ement Annual / Recurring Other(specify)
Type: Evaluation	
_	
Components:	Immunity Panel
Ц	Urine Drug Screen
Special Job Titles:	Boiler Plant Operator
	Firefighter
✓	Motor Vehicle Operator & Incidental Driver
Other:	
Montana VA HCS Signatu	\$634.24
Authorized F	06-21-2019
Date Request to COM	AS. CC LI LOIG

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-Placemen	t	specify)
Type: Evaluation	Examination	
,	unity Panel	
- Separate	er Plant Operator ighter	
☑ Moto	or Vehicle Operator & Incidental Driver	
Other:		
Montana VA HCS Signature:	\$480.00	
Authorized Fee:	06-20-2019	
Date Request to COMS:		