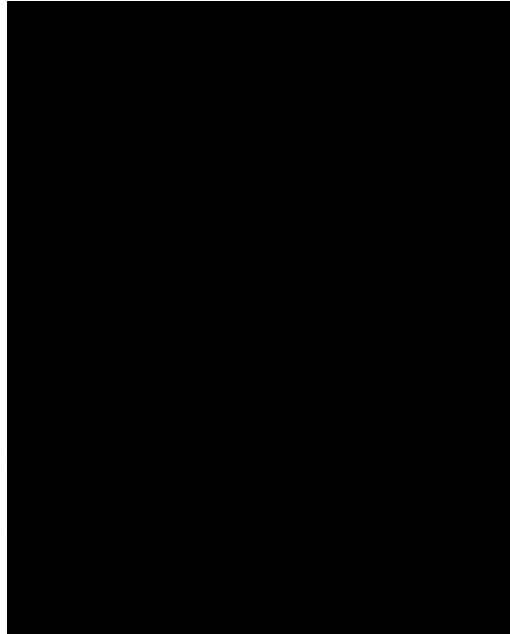


Montana VA HCS - Medical Evaluation or Examination Request

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 / 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: _____

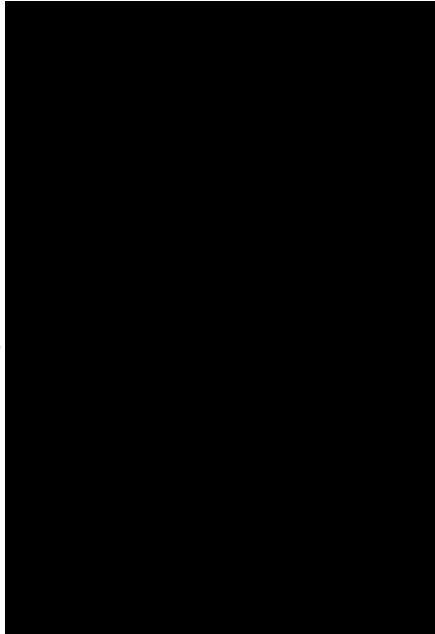
Authorized Fee: \$480.00

Date Request to COMS: 05-31-2019

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-06-VD-Intake 2 of 25 F, CD

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: Dillon


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

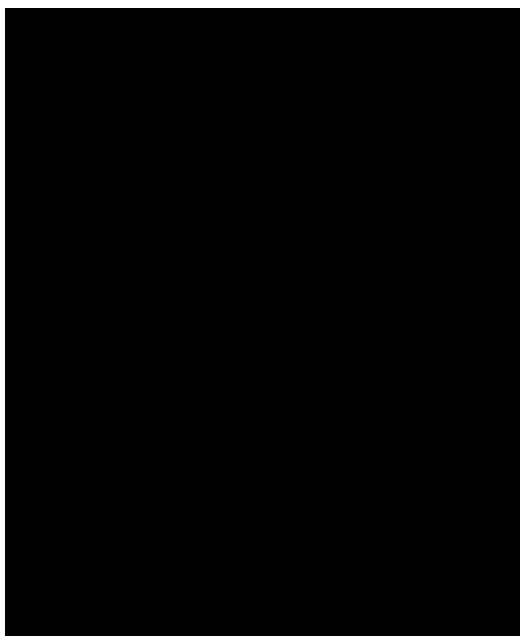
Date Request to COMS:

05-31-2019

Montana VA HCS - Medical Evaluation or Examination Request

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 ☒ 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:

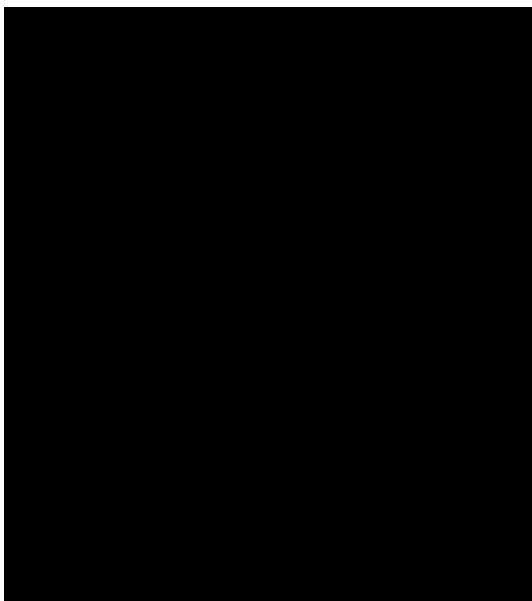
\$480.00

Date Request to COMS:

05-31-2019

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: 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:

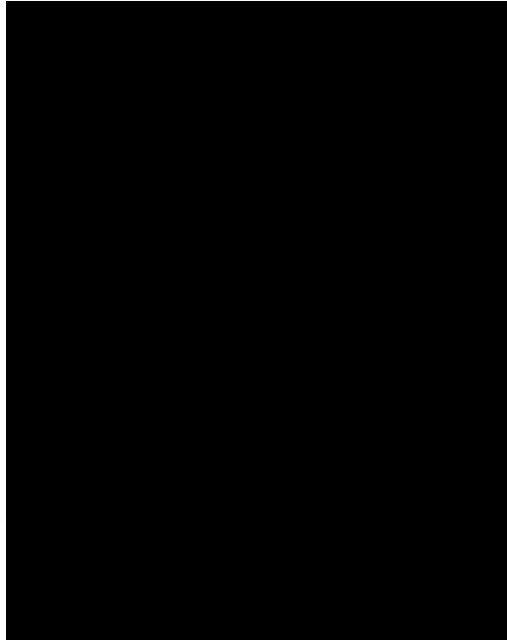
\$480.00

Date Request to COMS:

05-31-2019

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: 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:

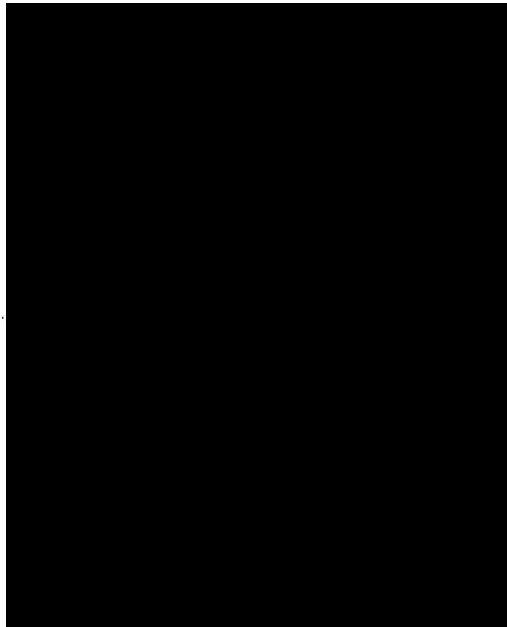
\$480.00

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:



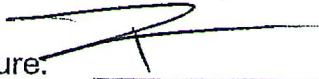
Preferred Clinic Location: Billings

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:

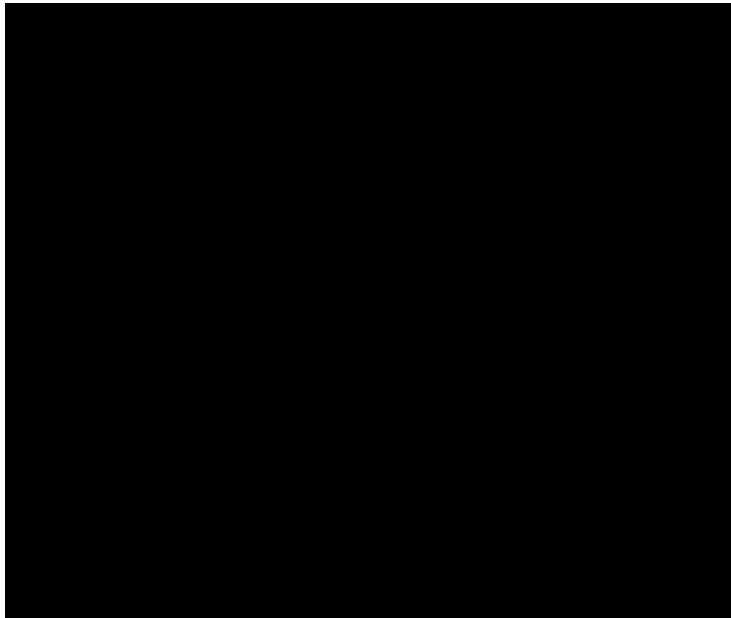
\$480.00

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: 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: \$634.24

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:



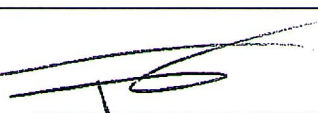
Preferred Clinic Location: Missoula

Purpose: ☐ Pre-Placement ☒ Annual / Recurring ☐ Other _____
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: 05-31-2019

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: 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:

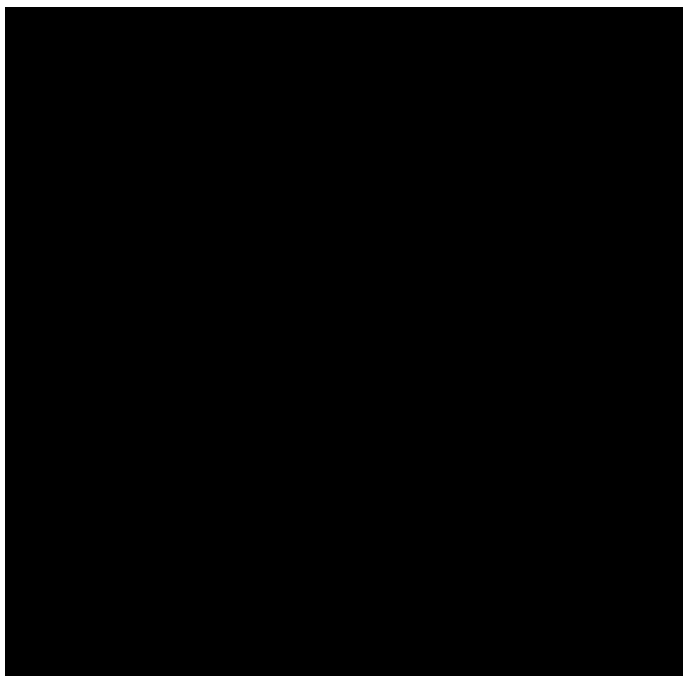
\$480.00

Date Request to COMS:

06-04-2019

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: 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: \$480.00
 Date Request to COMS: 06-04-2019

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:

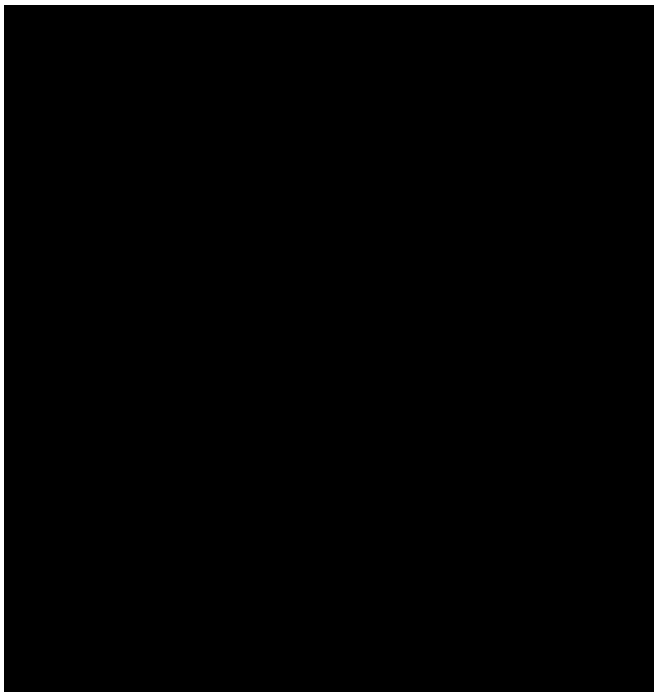
\$480.00

Date Request to COMS:

06-04-2019

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 _____
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: 06-13-2019

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 _____
(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:

Date Request to COMS:

\$480.00

06-13-2019

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:

A handwritten signature in black ink, appearing to be 'R' followed by a flourish.

Authorized Fee:

\$480.00

Date Request to COMS:

06-13-2019

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:

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: 06-13-2019

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 _____
(specify)Type: ☐ Evaluation ☒ ExaminationComponents: ☐ Immunity Panel ☐ T-Spot TB Screening
☐ Urine Drug ScreenSpecial Job Titles: ☐ Boiler Plant Operator
☐ Firefighter ☐ Police Officer
☒ Motor Vehicle Operator & Incidental DriverOther: ☐ _____Montana VA HCS Signature: 

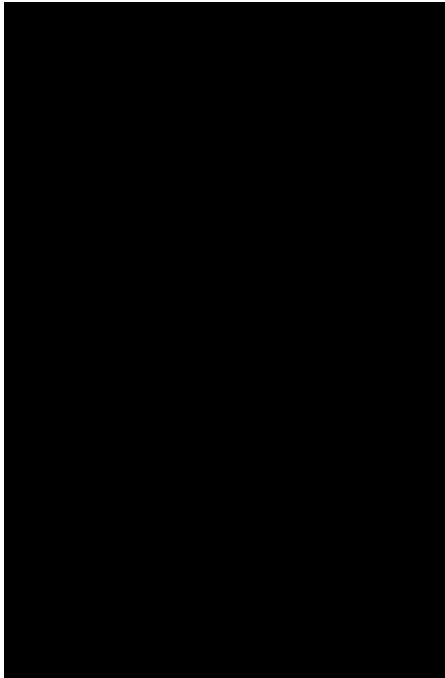
Authorized Fee:

\$480.00

Date Request to COMS:

06-13-2019

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:

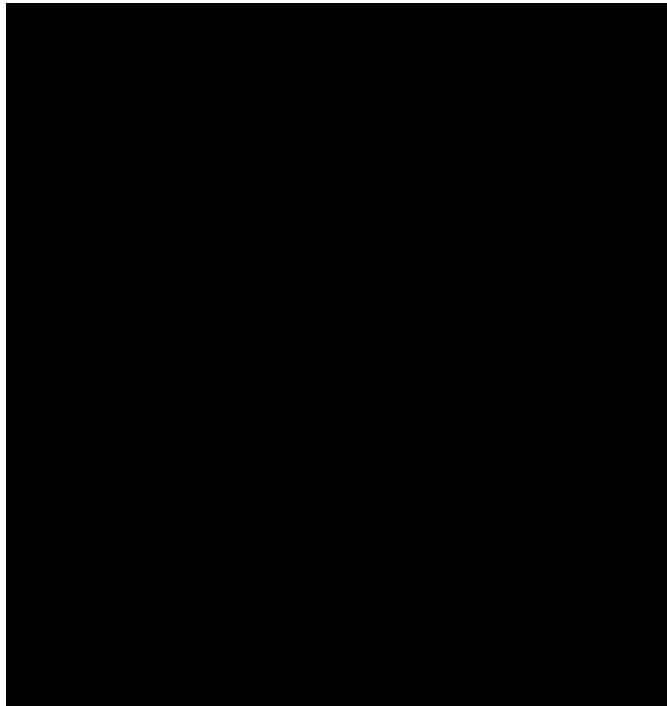
\$480.00

Date Request to COMS:

06-13-2019

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 _____
 (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:

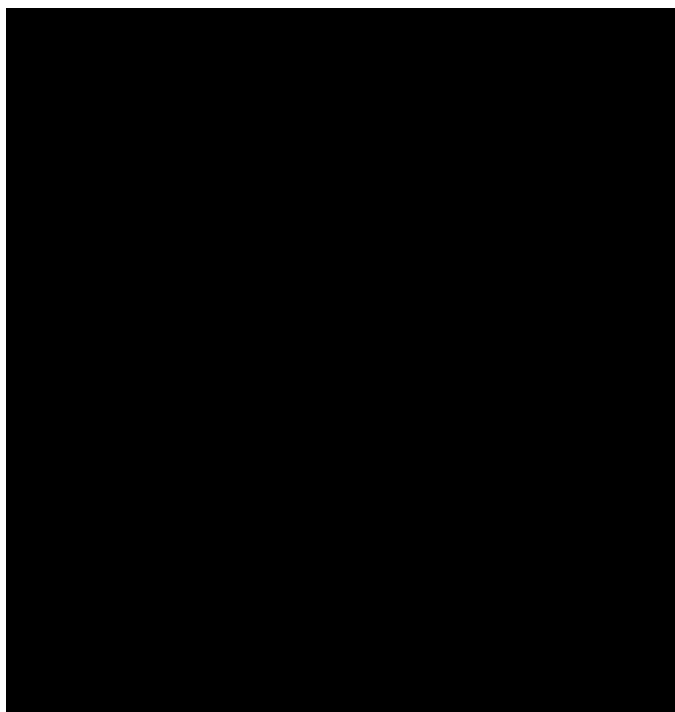
\$480.00

Date Request to COMS:

06-13-2019

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: \$480.00

Date Request to COMS: 06-14-2019

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: \$480.00

Date Request to COMS: 06-14-2019

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:

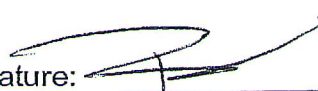
E-Mail:

Address:

City, State, Zip:

Special Note:

Preferred Clinic Location: Billings

Purpose: ☐ Pre-Placement ☒ Annual / Recurring ☐ Other _____
(specify)Type: ☐ Evaluation ☒ ExaminationComponents: ☐ Immunity Panel ☐ T-Spot TB Screening
☐ Urine Drug ScreenSpecial Job Titles: ☐ Boiler Plant Operator
☐ Firefighter ☐ Police Officer
☒ Motor Vehicle Operator & Incidental DriverOther: ☐ _____Montana VA HCSSignature: 

Authorized Fee:

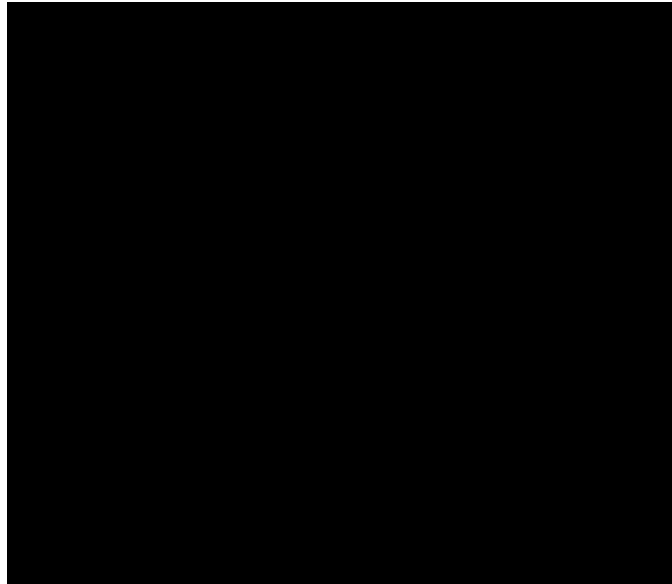
\$480.00

Date Request to COMS:

06-14-2019

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: \$480.00

Date Request to COMS: 06-12-2019

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: Great Falls

Purpose: ☐ Pre-Placement ☒ Annual / Recurring ☐ Other _____
(specify)Type: ☐ Evaluation ☒ ExaminationComponents: ☐ Immunity Panel ☐ T-Spot TB Screening
☐ Urine Drug ScreenSpecial Job Titles: ☐ Boiler Plant Operator
☐ Firefighter ☐ Police Officer
☒ Motor Vehicle Operator & Incidental DriverOther: ☐ _____

Montana VA HCS Signature: _____

Authorized Fee:

\$480.00

Date Request to COMS:

06-12-2019

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 _____
(specify)Type: ☒ Evaluation ☐ ExaminationComponents: ☐ Immunity Panel ☒ T-Spot TB Screening
☐ Urine Drug ScreenSpecial Job Titles: ☐ Boiler Plant Operator
☐ Firefighter ☐ Police Officer
☒ Motor Vehicle Operator & Incidental DriverOther: ☐ _____Montana VA HCS Signature: _____

Authorized Fee: _____

Date Request to COMS: _____

\$634.24

06-21-2019

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: Great Falls

Purpose: ☐ Pre-Placement ☒ Annual / Recurring ☐ Other _____
(specify)Type: ☐ Evaluation ☒ ExaminationComponents: ☐ Immunity Panel ☐ T-Spot TB Screening
☐ Urine Drug ScreenSpecial Job Titles: ☐ Boiler Plant Operator
☐ Firefighter ☐ Police Officer
☒ Motor Vehicle Operator & Incidental DriverOther: ☐ _____Montana VA HCS Signature: _____

Authorized Fee:

\$480.00

Date Request to COMS:

06-20-2019