	07-05-2019	
Authorized Fee:		_
Montana VA HCS Signature:	_	_
Other:		_
□ мо	otor Vehicle Operator & Incidental Driver	
☐ Fii	refighter	
Special Job Titles:	oiler Plant Operator	
_	ine Drug Screen	
Components:	munity Panel	
Type: Evaluation	Examination	(specify)
Purpose: Pre-Placem	ent Annual / Recurring Other	
Preferred Clinic Location:	Helena	
opediai rvete.		
City, State, Zip: Special Note:		
Address:		
E-Mail:		
Phone - alternate:		
Phone - cell:		
Social Security Number:		
Date of Birth (mm-dd-yyyy):		
Name (last, first middle):		

119-07-HR-Intake 2 of 26 A, CD			
Name (last, first r	niddle):		
Date of Birth (mm-do	d-yyyy):		
Social Security N	umber:		
Phon	e - cell:		
Phone - alt	ernate:		
	E-Mail:		
A	ddress:		
City, Sta	ite, Zip:		
Specia	al Note:		
Preferred Clinic Lo	ocation:	Helena	
Purpose: Pre-l	Placement	t	(specify)
Type: CEval	uation	Examination	(1)
Componenta	П	unity Donal	
Components:	_	unity Panel	
	L Offine	e Drug Screen	
Special Job Titles:	☐ Boile	r Plant Operator	
	☐ Firefi	ghter Police Officer	
	☐ Moto	r Vehicle Operator & Incidental Driver	
Other:			-
Montana VA HCS Sig	nature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.07.11 14:49:08 -06'00'	
Authoriz		\$1886.37	
Date Request to		07-11-2019	
_ 5.150 9 4 5 5 1 10			

VA-2019-07-HR-Intake 3 of 26 B, H

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 REVIEW
Type: Evaluation	(specify) Examination
Components:	unity Panel
☐ Urino	e Drug Screen
_	
_	er Plant Operator
☐ Firef	ighter
☐ Moto	or Vehicle Operator & Incidental Driver
Other: L	
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.07.15 13:38:44 -06'00'
Authorized Fee:	\$325.00
Date Request to COMS:	07-15-2019

VA-2019-07-HR-Intake 4 of 26 O, A		
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	•	(specify)
	unity Panel	
Special Job Titles:	r Plant Operator	
☐ Firefi	ghter	
☐ Moto	r Vehicle Operator & Incidental Driver	
Other:		
Montana VA HCS Signature:	Mishanda D. Wojciechowski 1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.07.30 10:52:08 -06'00'	
Authorized Fee:	\$535.00	
Date Request to COMS:	07-30-2019	

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 REVI	
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 REV 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: Mishanda D. Wojciechowski Components Desired Tribusian De	
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 REVI 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	
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 REVI Type: Evaluation Examination Components: Immunity Panel T-Spot TB Screening Urine Drug Screen Special Job Titles: Boiler Plant Operator Firefighter Police Officer	
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 REVI Type: Evaluation Examination Components: Immunity Panel T-Spot TB Screening Urine Drug Screen Special Job Titles: Boiler Plant Operator	
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 REVI Type: Evaluation Examination Components: Immunity Panel T-Spot TB Screening Urine Drug Screen	
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 REVI Type: Evaluation Examination Components: Immunity Panel T-Spot TB Screening	
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 Type: Evaluation Examination	
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 REVI	
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 REVI	(specify)
Date of Birth (mm-dd-yyyy): Social Security Number: Phone - cell: Phone - alternate: E-Mail: Address: City, State, Zip: Special Note:	
Date of Birth (mm-dd-yyyy): Social Security Number: Phone - cell: Phone - alternate: E-Mail: Address: City, State, Zip: Special Note:	
Date of Birth (mm-dd-yyyy): Social Security Number: Phone - cell: Phone - alternate: E-Mail: Address: City, State, Zip:	
Date of Birth (mm-dd-yyyy): Social Security Number: Phone - cell: Phone - alternate: E-Mail: Address:	
Date of Birth (mm-dd-yyyy): Social Security Number: Phone - cell: Phone - alternate: E-Mail:	
Date of Birth (mm-dd-yyyy): Social Security Number: Phone - cell: Phone - alternate:	
Date of Birth (mm-dd-yyyy): Social Security Number:	
Date of Birth (mm-dd-yyyy):	
Name (last, first middle):	

VA-2019-07-HR-Intake 6 of 26 T, 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: Purpose: Pre-Placemen Type: Evaluation	Helena t
	unity Panel
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: 2019.07.16 12:34:23 -06'00'
Authorized Fee:	\$100.00
Date Request to COMS:	07-16-2019

'A-2019-07-HR-Intake 7 of 26 J, PM	
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 Annual / Recurring Other REVIEW
Type: Evaluation	(specify)
	unity Panel
☐ Firefi	r Plant Operator ghter
Other:	·
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.07.17 14:19:35 -06'00'
Authorized Fee:	\$325.00
Date Request to COMS:	07-17-2019

2019-07-HR-Intake 8 of 26 D, S		
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	Examination	(specify)
Components:	unity Panel	
☐ Urine	e Drug Screen	
Special Job Titles:	r Plant Operator	
☐ Firefi	ghter	
☐ Moto	r Vehicle Operator & Incidental Driver	
Other: \Box		_
N	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839	
Montana VA HCS Signature:	1706839 Date: 2019.07.18 12:49:20 -06'00' \$477.94	-
Authorized Fee:	07-18-2019	-
Date Request to COMS:	U1-10-2013	_

A-2019-07-HR-Intake 9 of 26 V, SL		
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	Examination	(specify)
_	unity Panel	
□ Urine	e Drug Screen	
Special Job Titles:	er Plant Operator	
☐ Firefi	ighter	
☐ Moto	or Vehicle Operator & Incidental Driver	
Other: \Box		_
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.07.18 14:08:24 -06'00'	_
Authorized Fee:	\$477.63	_
Date Request to COMS:	07-18-2019	_

'A-2019-07-HR-Intake 10 of 26 G, LL	
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	t Annual / Recurring Other(specify)
	unity Panel
Firef	er Plant Operator ighter
Other:	
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.07.18 14:58:25 -06'00'
Authorized Fee:	\$860.00
Date Request to COMS:	07-18-2019

VA-2019-07-HR-Intake 11 of 26 L, KM		
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	
Type: Evaluation	© Examination	(specify)
	unity Panel	
Special Job Titles:	er Plant Operator	
☐ Firef	ighter	
☐ Moto	or Vehicle Operator & Incidental Driver	
Other: \square		-
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.07.18 15:04:00 -06'00'	
Authorized Fee:	\$477.63	
Date Request to COMS:	07-18-2019	

Billings	
t Annual / Recurring Other	
Examination	(specify)
unity Panel	
e Drug Screen	
an Diant On anatan	
_	
or venicle Operator & Incidental Driver	
	_
Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.07.18 15:30:54 -06'00'	-
\$860.00	_
	Annual / Recurring Other Examination Unity Panel T-Spot TB Screening Police Officer Por Vehicle Operator & Incidental Driver Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.07.18 15:30:54-06'00'

VA-2019-07-HR-Intake 13 of 26 H, 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	
Type: Evaluation	Examination	(specify)
Components:	unity Panel	
☐ Urine	Drug Screen	
_		
_	r Plant Operator	
☐ Firefi	ghter	
☐ Moto	r Vehicle Operator & Incidental Driver	
Other: L		-
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.07.19 11:21:48 -06'00'	
Authorized Fee:	\$490.00	_
Date Request to COMS:	07-19-2019	

Montana VA HCS - Medical Evaluation or Examination Request VA-2019-07-HR-Intake 14 of 26 E, 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-Placemen	t Annual / Recurring Other	
Type: Evaluation	Examination	(specify)
Components:	unity Panel	
☐ Urine	e Drug Screen	
Special Job Titles:	er Plant Operator	
☐ Firef	ighter	
☐ Moto	or Vehicle Operator & Incidental Driver	
Other: \Box		_
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.07.19 15:53:32 -06'00'	
Authorized Fee:	\$1,185.80	_
Date Request to COMS:	07-19-2019	

Authorized Fe	_{ee:} \$154.24
	* · - · - ·
Montana VA HCS Signatu	Mishanda D. Wojciechowski 1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.07.22 15:41:44-06'00'
Other:	Motor Vehicle Operator & Incidental Driver
_	Firefighter
_	Boiler Plant Operator
<u></u>	Immunity Panel
Type:	n Examination (specify)
Purpose: Pre-Place	9
Preferred Clinic Location	on: Helena
Special No	te:
City, State, Z	ip:
Addres	
Phone - alterna	
Phone - ce	
Social Security Number	
Date of Birth (mm-dd-yyy)	y):
Name (last, first middle	e):
Nama (last first middle	

VA-2019-07-HR-Intake 16 of 26 J. LB		
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:	unity Panel	
☑ Urine	Drug Screen	
_	r Plant Operator	
☐ Firefiç	ghter	
☐ Motor	r Vehicle Operator & Incidental Driver	
Other: 🚨		_
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.07.22 16:27:54 -06'00'	
Authorized Fee:	\$860.00	-
Date Request to COMS:	07-22-2019	-

√A-2019-07-HR-Intake 17 of 26 P, JY	
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	Helena Annual / Recurring Examination Other REVIEW (specify)
	unity Panel
☐ Firefi	r Plant Operator ghter
Other:	·
Montana VA HCS Signature:	Mishanda D. Wojciechowski 1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.07.23 15:56:59 -06'00' \$100.00
Authorized Fee:	07-23-2019
Date Request to COMS:	UI ZU ZU I U

Billings
t Annual / Recurring Other
(specify) Examination
unity Panel
e Drug Screen
r Plant Operator
ghter
r Vehicle Operator & Incidental Driver
Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.07.29 15:10:40 -06'00'
4706930 Wojciechowski 1706839

VA-2019-07-HR-Intake 19 of 26 F, CA	
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
	t Annual / Begurring Other REVIEW
Purpose: Pre-Placement	t Annual / Recurring Other (specify)
Type: Evaluation	Examination
	unity Panel
L Urine	e Drug Screen
Special Job Titles: Boile	r Plant Operator
☐ Firefi	ghter
☐ Moto	r Vehicle Operator & Incidental Driver
Other:	·
	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski
Montana VA HCS Signature:	1706839 Date: 2019.07.29 15:53:04 -06'00'
Authorized Fee:	\$325.00
Date Request to COMS:	07-29-2019

2019-07-HR-Intake 20 of 26 B, 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-Placemen	t Annual / Recurring Other	
Type: Evaluation	Examination	(specify)
Components:	unity Panel	
☑ Urine	e Drug Screen	
_		
Special Job Titles:	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: 2019.07.30 12:44:49 -06'00'	
Authorized Fee:	\$535.00	
Date Request to COMS:	07-30-2019	
Date Noquest to Octivio.		

Date Request to COMS:	07-30-2019	-
Authorized Fee:	\$477.63	-
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.07.30 14:17:46 -06'00'	
Other: L		_
	or Vehicle Operator & Incidental Driver	
Firef	ighter	
Special Job Titles:	er Plant Operator	
· —	e Drug Screen	
Components:	unity Panel	
Type:	Examination	(specify)
Purpose: Pre-Placemen	t Annual / Recurring Other	(
Preferred Clinic Location:	Helena	
Special Note:		
City, State, Zip:		
Address:		
E-Mail:		
Phone - cell: Phone - alternate:		
Social Security Number:		
Date of Birth (mm-dd-yyyy):		
Name (last, first middle):		
A-2019-07-HR-Intake 21 of 26 C, SA		

2019-07-HR-Intake 22 of 26 F, SL		
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 ot Other	
Type: Evaluation		specify)
_	unity Panel	
Special Job Titles:	er Plant Operator	
Firef	fighter	
Moto	or Vehicle Operator & Incidental Driver	
Other: $lacksquare$		
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.07.30 14:25:06 -06'00'	
Authorized Fee:	\$477.63	
Date Request to COMS:	07-30-2019	

VA-2019-07-HR-Intake 23 of 26 A, JL

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:	Examination	(specify)
Components:	unity Panel	
☐ Urine	e Drug Screen	
_		
Special Job Titles:	er Plant Operator	
☐ Firef	ighter \square Police Officer	
Moto	or Vehicle Operator & Incidental Driver	
Other:		
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.07.30 14:32:38 -06'00'	
Authorized Fee:	\$477.63	
Date Request to COMS:	07-30-2019	

2019-07-HR-Intake 24 of 26 D, PD		
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	
Type: Evaluation	Examination	(specify)
Components:	unity Panel	
☐ Urino	e Drug Screen	
Special Job Titles: Boile	er Plant Operator	
☐ Firef	ighter	
☐ Moto	or Vehicle Operator & Incidental Driver	
Other: \square		_
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.07.30 14:38:59 -06'00'	_
Authorized Fee:	\$477.63	_
Date Request to COMS:	07-30-2019	_

VA-2019-07-HR-Intake 25 of 26 G, LL		
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	Helena ot Other Examination	(specify)
_	unity Panel	
Special Job Titles:	er Plant Operator	
☐ Firef	ighter	
☐ Moto	or Vehicle Operator & Incidental Driver	
Other: \square		_
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.07.30 15:01:54 -06'00'	
Authorized Fee:	\$477.63	_
Date Request to COMS:	07-30-2019	

WONTANA VA HCS - N VA-2019-07-HR-Intake 26 of 26 C, B	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-Placemen	t Annual / Recurring Other
Type:	(specify) Examination
Components:	unity Panel
☐ Urine	e Drug Screen
_	er Plant Operator
_	ighter
_	or Vehicle Operator & Incidental Driver
Other: L	
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.07.30 12:33:14 -06'00'
Authorized Fee:	\$377.63
Date Request to COMS:	07-30-2019

Date Request to COMS: