VA-2019-09-HR-Intake 1 of 20 D, 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 REVIEW
Type: Evaluation	(specify) Examination
Components:	unity Panel
☐ Urine	e Drug Screen
_	
_	r Plant Operator
□ Firefi	ighter
☐ Moto	r Vehicle Operator & Incidental Driver
Other: $lacksquare$	
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.03 09:35:18 -06'00'
Authorized Fee:	\$100.00
Date Request to COMS:	09-03-2019

Montana VA HCS - Medical Evaluation or Examination Request VA-2019-09-HR-Intake 2 of 20 G, MR 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

1706839

\$860.00

09-03-2019

Montana VA HCS Signature:

Date Request to COMS:

Authorized Fee:

Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.03 16:06:55 -06'00'

VA-2019-09-HR-Intake 3 of 20 S, KB		
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	(specify Examination	')
	unity Panel	
☐ Firef	er Plant Operator ighter	
Other:		
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.04 12:27:24 -06'00'	
Authorized Fee:	\$815.00	
Date Request to COMS:	09-04-2019	

VA-2019-09-HR-Intake 4 of 20 T, BL	
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
	D=14D0
Purpose: Pre-Placement	9
Type: Evaluation	(specify) Examination
Components:	unity Panel
☐ Urine	e Drug Screen
Charial Jah Titlage Daila	r Dlant Onerator
_	r Plant Operator ahter
_	9
Other:	r Vehicle Operator & Incidental Driver
Other. 🗖	
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.05 09:21:54 -06'00'
Authorized Fee:	\$1423.00
Date Request to COMS:	09-05-2019

Montana VA HCS - Medical Evaluation or Examination Request VA-2019-09-HR 5 of 20 A, 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 Pre-Placement Annual / Recurring Purpose: Other (specify) Evaluation Type: Examination Immunity Panel ☑ T-Spot TB Screening Components: Urine Drug Screen **Boiler Plant Operator** Special Job Titles: Police Officer Firefighter

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 Digitally signed by Mishanda D. Wojciechowski T06839

Montana VA HCS Signature: Authorized Fee: 1706839

Date: 2019.09.05 14:49:47-0600'

\$154.24

09-05-2019

Date Request to COMS:	09-06-2019
Authorized Fee:	\$1423.00
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.06 10:28:40 -06'00'
Other: \square	
☐ Moto	or Vehicle Operator & Incidental Driver
☐ Firef	fighter
Special Job Titles:	er Plant Operator
☐ Urin	e Drug Screen
Components:	unity Panel
Type: Evaluation	Examination (specify)
Purpose: Pre-Placemen	nt O Annual / Recurring Other DEMPS (specify)
Preferred Clinic Location:	Helena
Special Note:	
City, State, Zip:	
Address:	
Phone - alternate: E-Mail:	
Phone - cell:	
Social Security Number:	
Date of Birth (mm-dd-yyyy):	
Name (last, first middle):	
A-2019-09-HR-Intake 6 of 20 D, JW	

/A-2019-09-HR-Intake 7 of 20 H, 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:	Missoula Other DEMPS
Purpose: Pre-Placement	(specify)
Type: Evaluation	Examination
_	nity Panel
Special Job Titles:	Plant Operator
☐ Firefi	ghter
☐ Motor	Vehicle Operator & Incidental Driver
Other: \Box	
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.06 10:55:26 -06'00'
Authorized Fee:	\$1423.00
Date Request to COMS:	09-06-2019

A-2019-09-HR-Intake 8 of 20 T, KA	
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	9
Type: Evaluation	(specify) Examination
_	<u></u>
Components:	unity Panel
☐ Urine	e Drug Screen
Special Job Titles: Boile	er Plant Operator
_	ighter
_	
Other:	or Vehicle Operator & Incidental Driver
Other: 🚨	Distribution 12 March
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.06 10:59:42 -06'00'
Authorized Fee:	\$1423.00
Date Request to COMS:	09-06-2019

/A-2019-09-HR-Intake 9 of 20 L, 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:	Billings
	D=14D0
Purpose: Pre-Placemen	
Type: Evaluation	(specify) Examination
_	
Components:	unity Panel
☐ Urine	e Drug Screen
Special Job Titles: D Boile	er Plant Operator
_	ighter
-	or Vehicle Operator & Incidental Driver
Other:	r verilole Operator & molderital briver
Other.	Market L. D. Market L. C. Digitally signed by Michanda D.
Montana VA HCS Signature:	Mishanda D. Wojciechowski 1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.06 11:06:34 -06'00'
Authorized Fee:	\$1423.00
Date Request to COMS:	09-06-2019

Date Request to COMS:	09-12-2019	
Authorized Fee:	\$490.00	-
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.12 12:59:02 -06'00'	-
Other:		_
☐ Moto	r Vehicle Operator & Incidental Driver	
☐ Firefi	ighter	
Special Job Titles:	er Plant Operator	
	e Drug Screen	
Components:	unity Panel	
Type: Evaluation	Examination	(specify)
Purpose: Pre-Placemen	t Annual / Recurring Other	(anacit)
Preferred Clinic Location:	Helena	
Special Note:		
City, State, Zip:		
E-Mail: Address:		
Phone - alternate:		
Phone - cell:		
Social Security Number:		
Date of Birth (mm-dd-yyyy):		
Name (last, first middle):		

VA-2019-09-HR-Intake 11 of 20 K, VM		
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	9	(specify)
	unity Panel	
Firef	er Plant Operator ighter	
Other:		
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.13 14:18:49 -06'00'	
Authorized Fee:	\$860.00	
Date Request to COMS:	09-13-2019	

Montana VA HCS Signature: Authorized Fee:	\$490.00 09-13-2019	
Montana VA HCS Signature:		
	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 1706839 Date: 2019.09.13 15:02:21 -06'00'	
Other: 🚨		-
	r Vehicle Operator & Incidental Driver	
Firefi	ighter	
Special Job Titles:	er Plant Operator	
_	unity Panel	
Type: Evaluation	Examination	(specify)
Purpose: Pre-Placemen	t Annual / Recurring Other	(specify)
Preferred Clinic Location:	Missoula	
Special Note:		
City, State, Zip:		
E-Mail: Address:		
Phone - alternate:		
Phone - cell:		
Social Security Number:		
Date of Birth (mm-dd-yyyy):		
Name (last, first middle):		

Date Request to COMS:	09-13-2019	_
Authorized Fee:	\$860.00	-
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.13 16:15:02 -06'00'	-
Other: L		_
_	or Vehicle Operator & Incidental Driver	
_	ighter	
_	er Plant Operator	
Ľ Urine	e Drug Screen	
	unity Panel	
Type: Evaluation	Examination	(specify)
Purpose: Pre-Placemen	t Annual / Recurring Other	
Preferred Clinic Location:	Helena	
Special Note:		
Address: City, State, Zip:		
E-Mail:		
Phone - alternate:		
Phone - cell:		
Social Security Number:		
Date of Birth (mm-dd-yyyy):		
Name (last, first middle):		
VA-2019-09-HR-Intake 13 of 20 M, DC		

/A-2019-09-HR-Intake 14 of 20 M, SJ	
Name (last, first middle	e):
Date of Birth (mm-dd-yyyy	/):
Social Security Number	er:
Phone - ce	ell:
Phone - alternat	re:
E-Ma	ail:
Addres	es:
City, State, Z	p:
Special Not	re:
Preferred Clinic Location Purpose: Pre-Place	ement Annual / Recurring Other(specify)
Type: Evaluation	n
	Immunity Panel T-Spot TB Screening Urine Drug Screen
Special Job Titles:	Boiler Plant Operator
	Firefighter
	Motor Vehicle Operator & Incidental Driver
Other:	
Montana VA HCS Signatu	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.18 08:33:50 -06'00'
Authorized Fe	\$860.00
Date Request to COM	o9-18-2019

Date Request to COMS:	09-18-2019	-
Authorized Fee:	\$535.00	-
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.18 15:44:15 -06'00'	
Other: \square		_
Moto	or Vehicle Operator & Incidental Driver	
☐ Firef	ighter	
Special Job Titles:	er Plant Operator	
_	unity Panel	
Type: Evaluation	Examination	
Purpose: Pre-Placemen		(specify)
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):		
VA-2019-09-HR-Intake 15 of 20 W, DM		

/A-2019-09-HR-Intake 16 of 20 A, W		
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	Examination	(specify)
_	unity Panel	
□ Unn	e Drug Screen	
Special Job Titles:	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: 2019.09.20 10:23:01 -06'00'	_
Authorized Fee:	\$154.24	_
Date Request to COMS:	09-20-2019	_

(specify)
-
-
-

Montana VA HCS - Medical Evaluation or Examination Request VA-2019-09-HR-Intake 18 of 20 F, MP

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:	(specify) Examination
Components:	unity Panel
☐ Urine	e Drug Screen
_	
_	er Plant Operator
☐ Firef	ighter
	or Vehicle Operator & Incidental Driver
Other: $lacksquare$	
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.20 12:40:42 -06'00'
Authorized Fee:	\$477.63
Date Request to COMS:	09-20-2019

Montana VA HCS - Medical Evaluation or Examination Request VA-2019-09-HR-Intake 19 of 20 R, EK 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 Type: Examination ✓ 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: 2019.09.20 12:44:00 -06'00' 1706839 Montana VA HCS Signature:

Date Request to COMS: 09-20-2019

\$477.63

Authorized Fee:

/A-2019-09-HR-Intake 20 of 20 A, 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:	Helena
Purpose: Pre-Placemen	t Annual / Recurring Other DEMPS
Type: Evaluation	(specify) Examination
Components: Imme	unity Panel
☐ Urine	e Drug Screen
_	
Special Job Titles: 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: 2019.09.11 10:33:32 -06'00'
Authorized Fee:	\$1423.00
Date Request to COMS:	09-11-2019
= ==== ::0 4===: :0 0 0 :::0:	