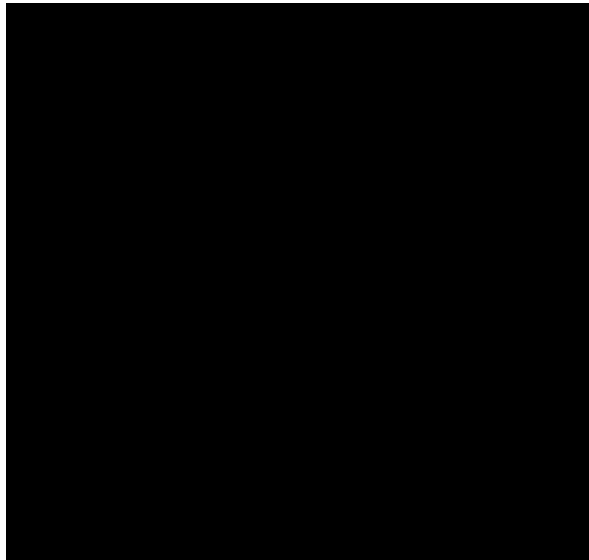


New Driver

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:



Available: anytime

Preferred Clinic Location: Helena

Purpose: Pre-Placement Annual / Recurring Other _____
 Type: Evaluation Examination (specify)

Components: Immunity Panel T-Spot TB Screening
 Urine Drug Screen

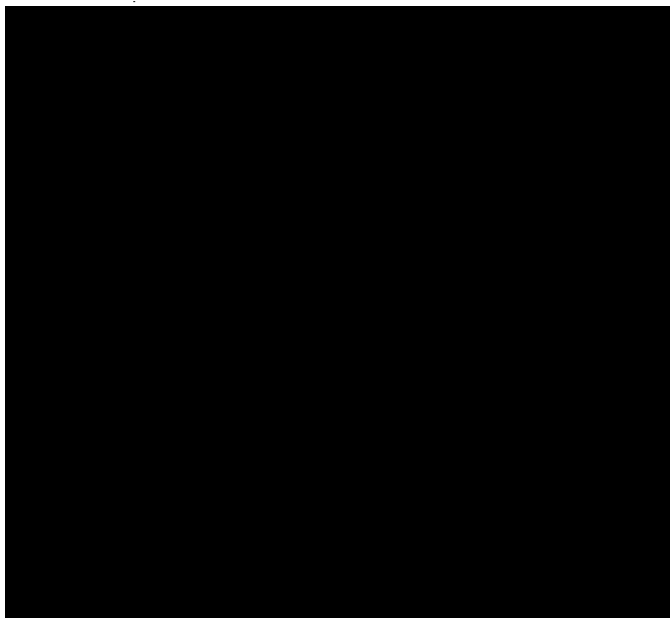
Special Job Titles: Boiler Plant Operator
 Firefighter Police Officer
 Motor Vehicle Operator & Incidental Driver
 Other: _____

Montana VA HCS Signature: _____
 Authorized Fee: \$646.24
 Date Request to COMS: 09-04-2019

New Volunteer

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: \$646.24

Date Request to COMS: 09-06-2019

New Drivee

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: _____

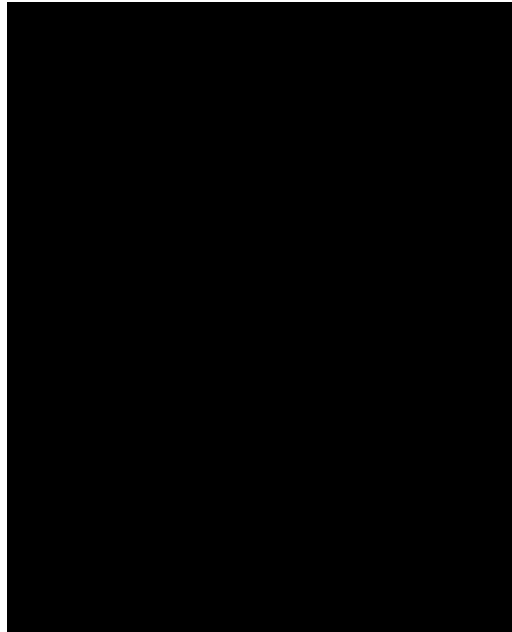
Authorized Fee: \$646.24

Date Request to COMS: 09-09-2019

New Driver

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: \$646.24

Date Request to COMS: 09-09-2019