Due: 8-6-2000

| VA-2020-07-VD-Intake 1 of 11 R, J | |
|-----------------------------------|--------------------------------------|
| 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: | |
| | ngs |
| Purpose: Pre-Placement | Annual / Recurring Other (analytic) |
| Type: Evaluation | (specify) Examination |
| Components: | · |
| Special Job Titles: | nt Operator |
| ☐ Firefighter | ☐ Police Officer |
| ☑ Motor Veh | icle Operator & Incidental Driver |
| Other: | |
| Montana VA HCS Signature: | my Clandje |
| Authorized Fee. | 92.00 |
| Date Request to COMS: 07 | -08-2020 |

| VA-2020-07-VD-Intake 2 of 11 K, C | |
|-----------------------------------|--|
| 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 | (specify) |
| Type: Evaluation | Examination |
| <u> </u> | Inity Panel T-Spot TB Screening Drug Screen |
| Special Job Titles: | r Plant Operator |
| ☐ Firefi | ghter |
| ☑ Moto | r Vehicle Operator & Incidental Driver |
| Other: | |
| Montana VA HCS Signature: | Amy Clange \$492.00 |
| Authorized Fee: | 07-08-2020 |
| Date Request to COMS: | |

Due: 8-11-2020

| VA-2020-07-VD-Intake 3 of 11 F, 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: | | 10 |
| Preferred Clinic Location: | Helena | |
| Purpose: Pre-Placemen | nt Annual / Recurring Other | |
| Type: Evaluation | • Examination | (specify) |
| _ | unity Panel | |
| Special Job Titles: | er Plant Operator | |
| Firef | fighter | |
| ✓ Motor | or Vehicle Operator & Incidental Driver | |
| Other: 🔲 | V | 1- |
| Montana VA HCS Signature: | amy Clandge | |
| Authorized Fee: | \$492.00 | |
| Date Request to COMS: | 07-08-2020 | |

| Montana VA HCS - I VA-2020-07-VD-Intake 4 of 11 W, D | 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 Lewistown |
| | |
| Purpose: Pre-Placemen | at Annual / Recurring Other |
| Type: Evaluation | (specify) |
| ,, | |
| Components: | unity Panel |
| ☐ Urin | e Drug Screen |
| | |
| Special Job Titles: | er Plant Operator |
| ☐ Fire | fighter |
| ☑ Moto | or Vehicle Operator & Incidental Driver |
| Other: | |
| | Amy M- 1 |
| Montana VA HCS Signature: | \$49200 |
| Authorized Fee: | \$492 <u>/</u> 00 07-08-2020 |
| Date Request to COMS: | 01 00-2020 |

Die: 8-19-2020

| VA-2020-07-VD-Intake 5 of 11 C, L | |
|-----------------------------------|---|
| 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-Placemen | |
| Type: Evaluation | (specify) Examination |
| | unity Panel |
| Special Job Titles: | er Plant Operator |
| ☐ Firef | ighter |
| ☑ Moto | or Vehicle Operator & Incidental Driver |
| Other: | |
| Montana VA HCS Signature: | amy Clandae |
| Authorized Fee: | \$492.00 |
| Date Request to COMS: | 07-08-2020 |

| VA-2020-07-VD-Intake 6 of 11 G, 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: | Billings/Lewistawn | |
| Purpose: Pre-Placemer | nt | |
| Type: Evaluation | Examination | (specify) |
| _ | unity Panel | |
| Special Job Titles: Boile | er Plant Operator | |
| Fire | fighter | |
| ☑ Mote | or Vehicle Operator & Incidental Driver | |
| Other: | | |
| Montana VA HCS Signature: | Any Claudge) \$492.00 | |
| Authorized Fee: | 07-08-2020 | |

Due: 8-1-2020

| VA-2020-07-VD-Intake 7 of 11 E, 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: | Dillon |
| Purpose: Pre-Placemen | t |
| Type: Evaluation | (specify) Examination |
| | unity Panel |
| Special Job Titles: | er Plant Operator |
| Firef | ighter |
| ☑ Moto | or Vehicle Operator & Incidental Driver |
| Other: $lacksquare$ | |
| Montana VA HCS Signature: | any Clandge |
| Authorized Fee: | \$492.00 |
| Date Request to COMS: | 07-08-2020 |

| VA-2020-07-VD-Intake 8 of 11 B, 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: | Missoula / Plains |
| Purpose: Pre-Placemen | (specify) |
| Type: Evaluation | Examination |
| _ | unity Panel |
| Special Job Titles: | er Plant Operator |
| ☐ Firef | fighter |
| ✓ Motor | or Vehicle Operator & Incidental Driver |
| Other: | |
| Montana VA HCS Signature: Authorized Fee: | My Clandge \$492.00 |
| Date Request to COMS: | 07-10-2020 |

| VA-2020-07-VD-Intake 9 of 11 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: | Kalispell | |
| | | |
| Purpose: Pre-Placement | Annual / Recurring Other | |
| Type: | (specify) Examination | |
| | | |
| Components: | unity Panel | |
| ☐ Urine | Drug Screen | |
| | | |
| Special Job Titles: | r Plant Operator | |
| ☐ Firefi | ghter | |
| ☑ Moto | r Vehicle Operator & Incidental Driver | |
| Other: | | |
| Mantana VA LICC Cinnatura | anni Claudae | |
| Montana VA HCS Signature: | \$492.00/ | |
| Authorized Fee: Date Request to COMS: | 07-10-2020 | |
| Date Request to COMS' | - · · · | |

Due: 8-11-2020

| VA-2020-07-VD-Intake 10 of 11 B, ML | |
|-------------------------------------|--|
| 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 | |
| Type: Evaluation | (specify) Examination |
| 5 | |
| Components: | unity Panel |
| ☐ Urine | e Drug Screen |
| Special Job Titles: Boile | r Plant Operator |
| ☐ Firefi | ghter |
| ☑ Moto | r Vehicle Operator & Incidental Driver |
| Other: | |
| Montana VA HCS Signature: | amy Claridae |
| Authorized Fee: | \$492.00 |
| Date Request to COMS: | 07-15-2020 |

Due: 8-12-2020

| VA-2020-07-VD-Intake 11 of 22 H, LA | |
|-------------------------------------|---|
| 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 | • |
| Type: Evaluation | (specify) Examination |
| | unity Panel |
| Special Job Titles: | er Plant Operator |
| ☐ Firef | ighter |
| ☑ Moto | r Vehicle Operator & Incidental Driver |
| Other: | |
| Montana VA HCS Signature: | amy Claudae |
| Authorized Fee: | \$492.00 |
| Date Request to COMS: | 07-15-2020 |