

Due: 8-6-2020

Montana VA HCS - Medical Evaluation or Examination Request

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:



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:

*Amy Claudie*

Authorized Fee:

\$492.00

Date Request to COMS:

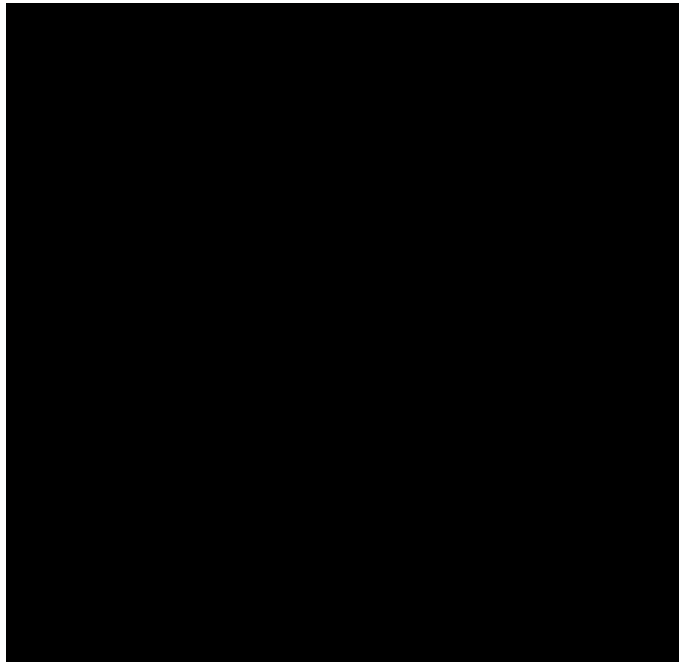
07-08-2020

Due: 8-23-2020

Montana VA HCS - Medical Evaluation or Examination Request

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 ☒ 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:

*Amy Cloninger*

Authorized Fee:

\$492.00

Date Request to COMS:

07-08-2020

Due: 8-11-2020

Montana VA HCS - Medical Evaluation or Examination Request

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:

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:

Date Request to COMS:

*Amy Claudge*  
\$492.00

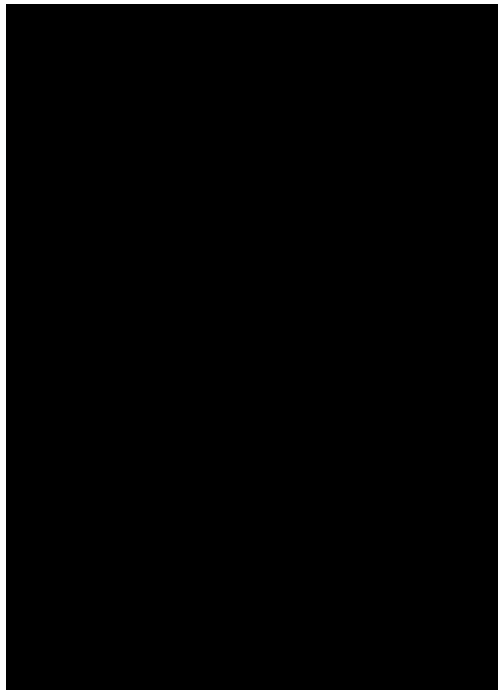
07-08-2020

Due: 8-1-2020.

Montana VA HCS - Medical Evaluation or Examination Request

VA-2020-07-VD-Intake 4 of 11 W, 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 / Lewistown

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:

*Amy Cloninger*

Authorized Fee:

\$492.00

Date Request to COMS:

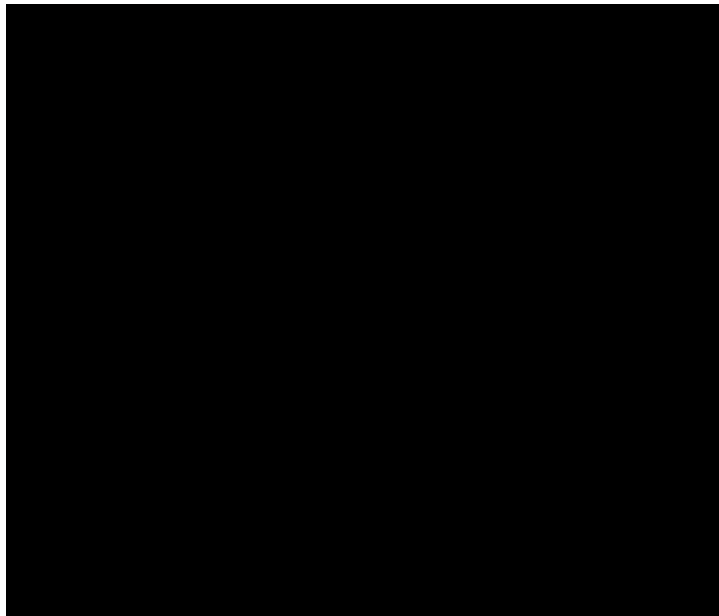
07-08-2020

Due: 8-19-2020

Montana VA HCS - Medical Evaluation or Examination Request

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-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:

*Amy Claudige*

Authorized Fee:

\$492.00

Date Request to COMS:

07-08-2020

Due: 8-26-2020

Montana VA HCS - Medical Evaluation or Examination Request

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/Lewistown

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:

*Amy Cloninger*

Authorized Fee:

\$492.00

Date Request to COMS:

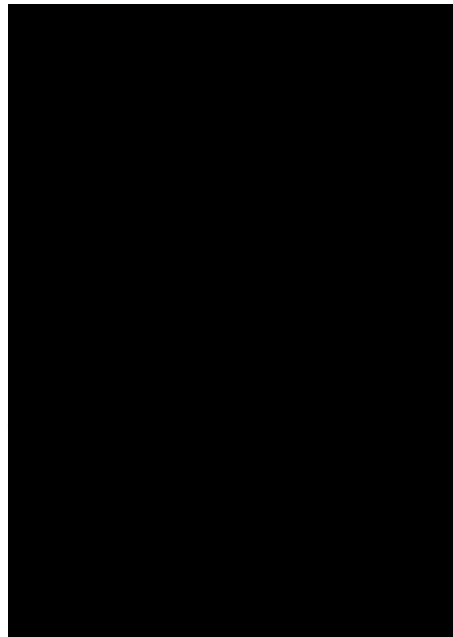
07-08-2020

Due: 8-1-2020

Montana VA HCS - Medical Evaluation or Examination Request

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-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:

Amy Claudige

Authorized Fee:

\$492.00

Date Request to COMS:

07-08-2020

Due: 8-1-2020

Montana VA HCS - Medical Evaluation or Examination Request

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-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:

*Amy Clandige*

Authorized Fee:

\$492.00

Date Request to COMS:

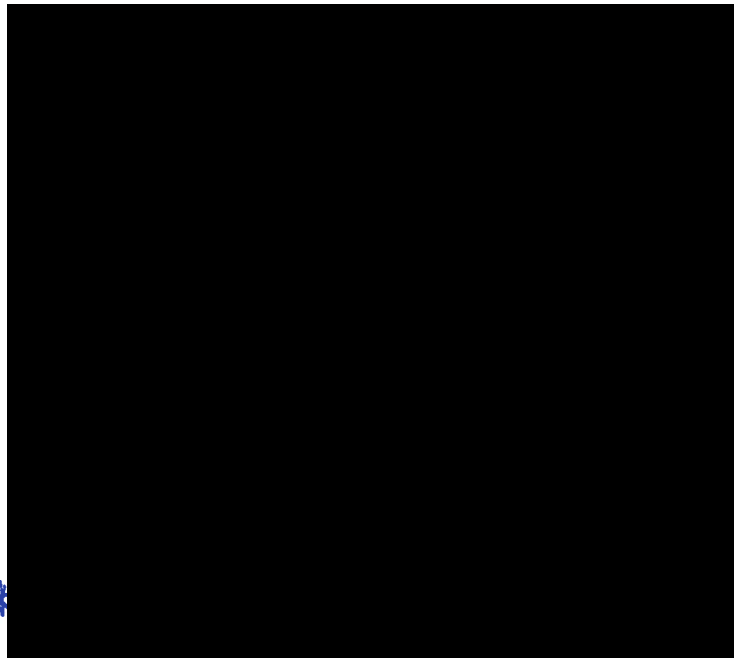
07-10-2020



Montana VA HCS - Medical Evaluation or Examination Request

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: ☒ 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:

*Amy Claudige*

Authorized Fee:

\$492.00

Date Request to COMS:

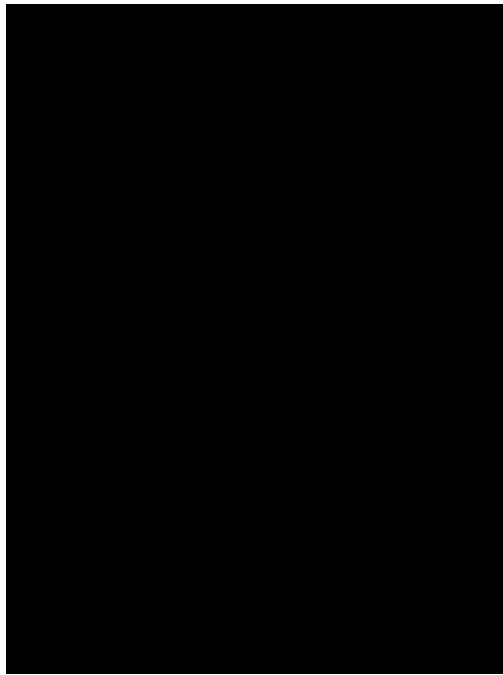
07-10-2020

Due: 8-11-2020

Montana VA HCS - Medical Evaluation or Examination Request

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 ☒ 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: ☐ \_\_\_\_\_

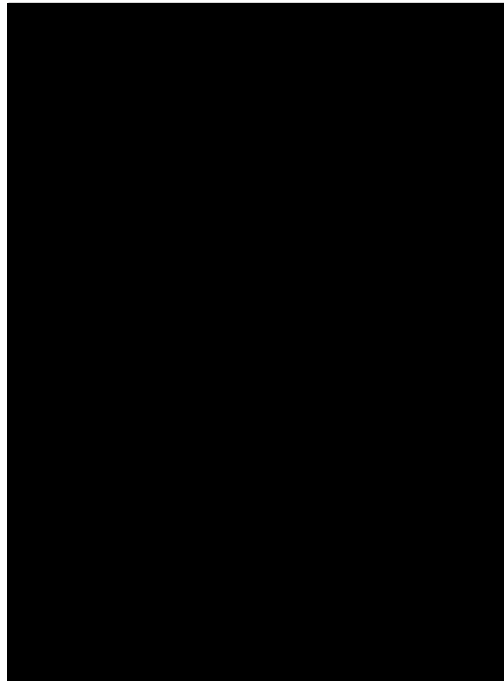
Montana VA HCS Signature: Amy Clavidge  
Authorized Fee: \$492.00  
Date Request to COMS: 07-15-2020

Due: 8-12-2020

Montana VA HCS - Medical Evaluation or Examination Request

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-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:

*Amy Cloninger*

Authorized Fee:

\$492.00

Date Request to COMS:

07-15-2020