

# Welcome to the ACCESS OMNICARE – EMPLOYER SERVICES

Your Occupational Medicine partner in Health and Safety

## Please complete this document and return it with your Driver's License

LAST NAME:		FIRST NAME:	MIDDLE NAME:	MIDDLE NAME: PREFERRED NAME:		ME:		
SEX: GENDER		DATE OF BIRTH:	SOCIAL SECURITY NUMBER:		FORMER LAST NAME:			
MALE FEMALE								
ADDRESS:		1	APARTMENT #:	ZIP CODE:	CITY:			
STATE:		HOME PHONE:	MOBILE PHONE:		WORK PHONE:			
317112.		TIOMET HONE.	WOBIEE THORE.		WOINCE THORIES			
EMAIL ADDRESS: Us	sed for appointm	ent updates	HOW SHOULD WE CONTACT YOU?					
			○ HOME PHONE ○ WO	RK PHONE	CELL PHONE	○ EMAIL		
PREFERRED LANGUA	GE:	RACE:	MARITAL STATUS:					
			○ MARRIED ○ SINGLE	○ DIVORC	ED () PARTNER	ED		
EMERGENCY CONTA	CT NAME:	RELATIONSHIP:	HOME PHONE:		CELL PHONE:			
	<u> </u>				022211101121			
EMPLOYER or COMP	ANY NAME							
EMPLOYER'S ADDRES	SS:		CITY:		STATE:	ZIP CODE:		
					0.7			
EMPLOYER PHONE:		OCCUPATION:	EMPLOYER CONTACT:		YEARS OF EMPLOYMENT:			
EIVIPLOTER PHONE.		OCCUPATION.	EIVIPLOTER CONTACT.		TEAMS OF LIVIT LOTIVILINT.			
					1 A T C V			
ALLERGIES:			O No Known All	ergies	LATEX ALLERGY:	○YES ○NO		
ALLERGIES:			○ No Known All	ergies	ALLERGY:			
ALLERGIES:			○ No Known All	ergies	ALLERGY:	YES NO		
			○ No Known All	ergies	ALLERGY:			
CURRENT			○ No Known All	ergies	ALLERGY:			
			○ No Known All	ergies	ALLERGY:			
CURRENT	Last TETANUS	o vaccine date:			ALLERGY:			
CURRENT	Last TETANUS	S vaccine date:		ergies : known	ALLERGY:			
CURRENT MEDICATIONS:		s vaccine date:al History will be reviewed during yo	(Year is OK) \( \rightarrow \text{Not}		ALLERGY:			
CURRENT MEDICATIONS:	Your full Socie		(Year is OK) \( \rightarrow \text{Not} \)  our medical intake	known	ALLERGY:			
CURRENT MEDICATIONS:	Your full Socie	al History will be reviewed during yo	(Year is OK) \( \cap \) Not Our medical intake  ALCOHOL: \( \cap \)	known	ALLERGY:  Solution	ee attached list		
CURRENT MEDICATIONS:  SOCIAL HISTORY: SMOKER:	Your full Socio	al History will be reviewed during yo	(Year is OK)	known	ALLERGY:  Solution	ee attached list		
CURRENT MEDICATIONS:  SOCIAL HISTORY: SMOKER: CAFFEINE:	Your full Socio	al History will be reviewed during your commen Currently Cocasional Moderate Heavy	(Year is OK)	known	ALLERGY:  Solution	ee attached list		
CURRENT MEDICATIONS:  SOCIAL HISTORY: SMOKER: CAFFEINE:	NEVER OF SPORTING A	al History will be reviewed during your commen Currently Cocasional Moderate Heavy	(Year is OK)	known	ALLERGY:  Solution	ee attached list		
CURRENT MEDICATIONS:  SOCIAL HISTORY: SMOKER: CAFFEINE: HOBBIES:  FOR CLINIC USE ( Ht Wt	NEVER OF ONLY  SPORTING A	THISTORY WILL BE REVIEWED DURING YOUR CORNER CURRENTLY  DOCCASIONAL MODERATE HEAVY  CONTINUTIES HIKING BIKING DESCRIE    Pulse 02	(Year is OK)	known  IONE OC	CASIONAL O MO CASIONAL O MO	DERATE OHEAVY DERATE HEAVY DERATE OHEAVY		
CURRENT MEDICATIONS:  SOCIAL HISTORY: SMOKER: CAFFEINE: HOBBIES:  FOR CLINIC USE ( Ht Wt Urinalysis: Leuk	NEVER OF NONE OF SPORTING AND S	CORMER CURRENTLY  COCASIONAL MODERATE HEAVY  COCTIVITIES HIKING BIKING DESCRIE  Pulse 02  CObili Protein pH	(Year is OK)	known  IONE OC	CASIONAL O MO CASIONAL O MO	DERATE OHEAVY DERATE HEAVY DERATE OHEAVY		
CURRENT MEDICATIONS:  SOCIAL HISTORY: SMOKER: CAFFEINE: HOBBIES:  FOR CLINIC USE ( Ht Wt Urinalysis: Leuk Vision: Distance Ur	NEVER OF NONE OF SPORTING AND S	TOTAL PULSE PH O2 Protein pH O2 PH O2 PH O2 PH PH O2 PH PH O2 PH PH O2 PH PH O2 PH PH PH O2 PH PH PH O2 PH	(Year is OK)	IONE OC	CASIONAL O MO CASIONAL O MO in LMI e Bili	DERATE OHEAVY DERATE HEAVY DERATE OHEAVY		
CURRENT MEDICATIONS:  SOCIAL HISTORY: SMOKER: CAFFEINE: HOBBIES:  FOR CLINIC USE ( Ht Wt Urinalysis: Leuk Vision: Distance Ur Distance Co	NEVER OF NONE OF SPORTING AND S	TOTAL PULSE OF COMMENTAL OF CONTROL OF CORMER OF CURRENTLY  OCCASIONAL OMODERATE OF HEAVY  CONTROL OF COMMENT	(Year is OK)	Eknown  IONE OC  IONE OC  Pa  Keton	CASIONAL O MO CASIONAL O MO in LMI e Bili	DERATE OHEAVY DERATE HEAVY DERATE Glucose		
CURRENT MEDICATIONS:  SOCIAL HISTORY: SMOKER: CAFFEINE: HOBBIES:  FOR CLINIC USE ( Ht Wt Urinalysis: Leuk Vision: Distance Ur Distance Co	NEVER OF NONE OF SPORTING AND S	TOTAL CONTRECTED OF THE PROPERTY OF THE PROPER	(Year is OK)	Eknown  JONE OC  JONE OC  JONE OC  Glasses  Treati	CASIONAL O MO CASIONAL O MO in LMI e Bili	DERATE OHEAVY DERATE HEAVY DERATE Glucose Room:		



## Welcome to the ACCESS OMNICARE – EMPLOYER SERVICES

Your Occupational Medicine partner in Health and Safety

## Please identify each of the conditions as 'Yes' or 'No' and then we will clarify the specifics

Allergies to the environment Anemia Anemia Anemia Anamia Anamiety Anamiety Arthritis Asthma Back Pain Bipolar Disorder Bipolar Disorder Bipolar Disorder Bilodo Disease Blood Disease Blood Transfusion Breast Cancer Congestive Heart Failure (CHF) Constipation Coronary Artery Disease — Heart Depression Developmental or Behavioral Diabetes Diabetes Diverticulitis Diabetes D	YES	NO	Date/Year Diagnosed	PAST MEDICAL HISTORY	YES	NO	Date/Year Diagnosed	PAST MEDICAL HISTORY			
Anxiety Arthritis Asthma Back Pain Bipolar Disorder Bipolar Disorder Birth Defects or Inherited Bladder or Kidney Problems Blood Disease Blood Transfusion Breast Cancer Congestive Heart Failure (CHF) Constipation Coronary Artery Disease — Heart Depression Developmental or Behavioral Diabetes Diabetes Diabetes Diverticulitis Diabetes Fatigue and/or Malaise Fibromyalgia Disorder  Derication Cother:  Asthma Heart Attack Heart Problems High Cholesterol or Lipids Hi				Allergies to the environment				GI Problems			
Arthritis Asthma Back Pain Biploar Disorder Bilth Defects or Inherited Bladder or Kidney Problems Blood Disease Blood Transfusion Breast Cancer Cancer Congestive Heart Failure (CHF) Coronary Artery Disease – Heart Depression Developmental or Behavioral Diabetes Diabetes Diabetes Diverticulitis Ear or Hearing Problems Eating Disorder Eating Disorder Eating Disorder Blood Transfusion Hyperthyroidism Hyperthyroidi				Anemia				Gout			
Asthma Back Pain Bipolar Disorder Birth Defects or Inherited Bladder or Kidney Problems Blood Disease Blood Transfusion Breast Cancer Concer Concer Congestive Heart Failure (CHF) Coronary Artery Disease — Heart Depression Developmental or Behavioral Diabetes Diabe				Anxiety				Headaches			
Back Pain Bipolar Disorder Bipolar Disorder Birth Defects or Inherited Bladder or Kidney Problems Blood Disease Blood Transfusion Breast Cancer Cancer Congestive Heart Failure (CHF) Coronary Artery Disease – Heart Depression Developmental or Behavioral Diabetes Diverticulitis Ear or Hearing Problems Districture and/or Malaise Fibromyalgia  Back Pain Heartburn or Reflux Esophagitis Hepatitis High Cholesterol or Lipids Hospitalizations Hypertension – Elevated Blood Pressure Hypothyroidism Hyperthyroidism Hyperthyroidism Hypothyroidism Hypothyroidism Hypothyroidism Liver Disease Kidney Stones Liver Disease Lung Disease Mental Illness Mental Illness Mental Illness Mental Illness Obesity Obesity Osteoporosis Osteoporosis Osteoporosis Seizures or Epilepsy Skin Problems Skin Problems Stroke Other:				Arthritis				Heart Attack			
Bipolar Disorder Birth Defects or Inherited Bladder or Kidney Problems Blood Disease Blood Transfusion Breast Cancer Cancer Congestive Heart Failure (CHF) Coronary Artery Disease – Heart Depression Developmental or Behavioral Diabetes Diverticulitis Diverticulitis Ear or Hearing Problems Eating Disorder Eating Disorder Estema Fibromyalgia  Dtiabetes Dother:  Bipodar Disorder Blood Disease Blood Transfusion Hyperthension – Elevated Blood Pressure Hypothyroidism Hypothyroidism Hypothyroidism Hypothyroidism Hypothyroidism Hypothyroidism Liver Disease Kidney Disease Kidney Stones Liver Disease Mental Illness Mental Illness Mental Illness MassA condition or exposure Muscle, Joint, or Bone Problems Obesity Obesity Ovarian Cancer Pulmonary Embolism Seizures or Epilepsy Skin Problems Stroke  Other:  Birgical History:  SURGICAL HISTORY: Please include any surgeries or procedures you have had completed History				Asthma				Heart Problems			
Birth Defects or Inherited Bladder or Kidney Problems Blood Disease Blood Transfusion Breast Cancer Cancer Congestive Heart Failure (CHF) Coronary Artery Disease – Heart Depression Diabetes Diabetes Diverticulitis Ear or Hearing Problems Eating Disorder Eating Disorder Eating Disorder Eibromyalgia  Dtags Birth Defects or Inherited Bladder or Kidney Problems Hyperthyroidism Hyperthyroidism Kidney Disease Kidney Stones Kidney Stones Liver Disease Liver Disease Lung Disease Mental Illness Mescla, Joint, or Bone Problems Obesity Obesity Osteoporosis Diverticulitis Osteoporosis Seizures or Epilepsy Skin Problems Stroke  Other:  SURGICAL HISTORY: Please include any surgeries or procedures you have had completed History  History  History  High Cholesterol or Lipids Hospitalizations Hospitalizations Hypertension — Elevated Blood Pressure Hypertension — Hypertension				Back Pain				Heartburn or Reflux Esophagitis			
Bladder or Kidney Problems Blood Disease Blood Transfusion Breast Cancer Cancer Congestive Heart Failure (CHF) Constipation Coronary Artery Disease – Heart Depression Developmental or Behavioral Diabetes Diverticulitis Ear or Hearing Problems Eating Disorder Eating Disorder Eczema Fatigue and/or Malaise Fibromyalgia  Discording Artery Disease Blood Transfusion Hyperthyroidism Hypothyroidism Kidney Disease Lung Disease Lung Disease Mental Illness Mental Illness Mental Illness Muscle, Joint, or Bone Problems Obesity Obesity Obesity Obesity Ovarian Cancer Pulmonary Embolism Seizures or Epilepsy Skin Problems Stroke  Other:  SURGICAL HISTORY: Please include any surgeries or procedures you have had completed History				Bipolar Disorder				Hepatitis			
Blood Disease Blood Transfusion Breast Cancer Cancer Congestive Heart Failure (CHF) Constipation Coronary Artery Disease – Heart Depression Developmental or Behavioral Diabetes Diabetes Diverticulitis Ear or Hearing Problems Eating Disorder Etzema Etzema Fibromyalgia  Other:  Blood Disease Hyperthyroidism Hypothyroidism Kidney Disease Kidney Stones Kidney Stones Liver Disease Mental Illness Mental Illness Mental Illness Obesity Obesity Osteoporosis Ovarian Cancer Pulmonary Embolism Skin Problems Skin Problems Skin Problems Stroke  Other:				Birth Defects or Inherited				High Cholesterol or Lipids			
Blood Transfusion Breast Cancer Cancer Congestive Heart Failure (CHF) Constipation Coronary Artery Disease – Heart Depression Developmental or Behavioral Diabetes Diverticulitis Diabetes Diverticulitis Ear or Hearing Problems Eating Disorder Eating Disorder Eating Disorder Eating Disorder Eating Disorder Eating Disorder Fibromyalgia  Stroke  Depression Diverticulitis Surgical History:  SURGICAL HISTORY: Please include any surgeries or procedures you have had completed History  Hyperthyroidism Kidney Disease Liver Disease  Lung Disease  Mental Illness  Mental Illness  Obesity Ovarian Cancer Pulmonary Embolism Seizures or Epilepsy Skin Problems Skin Problems Other:				Bladder or Kidney Problems				Hospitalizations			
Breast Cancer Cancer Concer Congestive Heart Failure (CHF) Constipation COPD Coronary Artery Disease – Heart Depression Developmental or Behavioral Diabetes Diverticulitis Signary Fatigue and/or Malaise Fibromyalgia  Coronary Artery Disease – Heart Mental Illness MRSA condition or exposure Muscle, Joint, or Bone Problems Osteoporosis Ovarian Cancer Pulmonary Embolism Seizures or Epilepsy Skin Problems Skin Problems Stroke  Other:  SURGICAL HISTORY: Please include any surgeries or procedures you have had completed History  No Surgical				Blood Disease				Hypertension – Elevated Blood Pressure			
Cancer   Kidney Disease   Kidney Stones   Congestive Heart Failure (CHF)   Kidney Stones   Liver Disease   Liver Disease   Lung Disease   Lung Disease   Lung Disease   Lung Disease   Lung Disease   Mental Illness   Mental Ill				Blood Transfusion				Hyperthyroidism			
Constipation COPD Coronary Artery Disease – Heart Depression Developmental or Behavioral Diabetes Diverticulitis Diverticulitis Ear or Hearing Problems Eating Disorder Eating Disorder Eating Disorder Eczema Fatigue and/or Malaise Fibromyalgia  Congestive Heart Failure (CHF) Liver Disease Lung Disease Mental Illness Ment				Breast Cancer				Hypothyroidism			
Constipation COPD Lung Disease Coronary Artery Disease – Heart Depression Developmental or Behavioral Diabetes Diverticulitis Diverticulitis Diabetes Diverticulitis Disease Mental Illness MRSA condition or exposure Muscle, Joint, or Bone Problems Obesity Osteoporosis Diverticulitis Diverticulitis Disease Mental Illness MRSA condition or exposure Muscle, Joint, or Bone Problems Obesity Osteoporosis Diverticulitis Disease MRSA condition or exposure Muscle, Joint, or Bone Problems Osteoporosis Diverticulitis Disease MRSA condition or exposure Muscle, Joint, or Bone Problems Ovarian Cancer Pulmonary Embolism Seizures or Epilepsy Skin Problems Stroke Other:  SURGICAL HISTORY: Please include any surgeries or procedures you have had completed History				Cancer				Kidney Disease			
COPD Coronary Artery Disease – Heart Depression Developmental or Behavioral Diabetes Diabetes Diverticulitis Diaverticulitis Ear or Hearing Problems Eating Disorder Eczema Eczema Fibromyalgia Diberticulitis Seizures or Epilepsy Fatigue and/or Malaise Fibromyalgia  Coronary Artery Disease Mental Illness Muscle, Joint, or Bone Problems Osteoporosis Osteoporosis Ovarian Cancer Pulmonary Embolism Seizures or Epilepsy Skin Problems Stroke  Other:  SURGICAL HISTORY: Please include any surgeries or procedures you have had completed History				Congestive Heart Failure (CHF)				Kidney Stones			
Coronary Artery Disease – Heart Depression Developmental or Behavioral Diabetes Diverticulitis Diverticulitis Disorder Eating Disorder Eating Disorder Eczema Fatigue and/or Malaise Fibromyalgia  Other:  SURGICAL HISTORY: Please include any surgeries or procedures you have had completed History  Mental Illness Muscle, Joint, or Bone Problems Others  Sutseporosis Ovarian Cancer Pulmonary Embolism Seizures or Epilepsy Skin Problems Stroke  Other:				Constipation				Liver Disease			
Depression Developmental or Behavioral Diabetes Diabetes Diverticulitis Diverticulitis Disorder Eating Disorder Eczema Eczema Fatigue and/or Malaise Fibromyalgia  Other:  SURGICAL HISTORY: Please include any surgeries or procedures you have had completed History  MRSA condition or exposure Muscle, Joint, or Bone Problems Others Others  Muscle, Joint, or Bone Problems Others Others Seizure, or Epilepsy Skin Problems Stroke  No Surgical History				COPD				Lung Disease			
Developmental or Behavioral Diabetes Diabetes Diverticulitis Diverticulitis Diverticulitis Diverticulitis Diverticulitis Diverticulitis Diverticulitis Diverticulitis Dosteoporosis Ovarian Cancer Pulmonary Embolism Seizures or Epilepsy Fatigue and/or Malaise Fibromyalgia Skin Problems Stroke Other:  SURGICAL HISTORY: Please include any surgeries or procedures you have had completed History  Muscle, Joint, or Bone Problems Ovarian Cancer Pulmonary Embolism Seizures or Epilepsy Skin Problems Stroke Other:								Mental Illness			
Diabetes Diverticulitis Diverticulitis Diverticulitis Diverticulitis Diverticulitis Dosteoporosis Ovarian Cancer Pulmonary Embolism Seizures or Epilepsy Fatigue and/or Malaise Fibromyalgia Stroke Other:  SURGICAL HISTORY: Please include any surgeries or procedures you have had completed History  Diverticulitis Dosteoporosis Nosteoporosis Seizures Pulmonary Embolism Seizures or Epilepsy Skin Problems Stroke Other:								MRSA condition or exposure			
Diverticulitis Ear or Hearing Problems Covarian Cancer Pulmonary Embolism Seizures or Epilepsy Fatigue and/or Malaise Fibromyalgia Stroke  Other:  SURGICAL HISTORY: Please include any surgeries or procedures you have had completed History  Osteoporosis Ovarian Cancer Pulmonary Embolism Seizures or Epilepsy Skin Problems Stroke  Other:		· · · · · · · · · · · · · · · · · · ·						Muscle, Joint, or Bone Problems			
Ear or Hearing Problems Eating Disorder Pulmonary Embolism Seizures or Epilepsy Fatigue and/or Malaise Fibromyalgia Stroke  Other:  SURGICAL HISTORY: Please include any surgeries or procedures you have had completed History  Ovarian Cancer Pulmonary Embolism Seizures or Epilepsy Skin Problems Stroke  Other:								Obesity			
Eating Disorder  Eczema  Seizures or Epilepsy  Fatigue and/or Malaise  Fibromyalgia  Other:  Surgical History:  SURGICAL HISTORY: Please include any surgeries or procedures you have had completed  History  History  Pulmonary Embolism  Seizures or Epilepsy  Skin Problems  Stroke  Other:							Osteoporosis				
Eczema Seizures or Epilepsy Fatigue and/or Malaise Skin Problems Fibromyalgia Stroke  Other:  Urgical History:  SURGICAL HISTORY: Please include any surgeries or procedures you have had completed History  No Surgical							Ovarian Cancer				
Fatigue and/or Malaise Fibromyalgia  Other:  Skin Problems Stroke  Other:  Stroke  Other:  SURGICAL HISTORY: Please include any surgeries or procedures you have had completed History								Pulmonary Embolism			
Other:  SURGICAL HISTORY: Please include any surgeries or procedures you have had completed History  No Surgical		Eczema					Seizures or Epilepsy				
Other:  urgical History:  SURGICAL HISTORY: Please include any surgeries or procedures you have had completed  History  No Surgical				Fatigue and/or Malaise				Skin Problems			
SURGICAL HISTORY: Please include any surgeries or procedures you have had completed  No Surgical History				Fibromyalgia				Stroke			
SURGICAL HISTORY: Please include any surgeries or procedures you have had completed  History  No Surgical	Othe	r:									
History	urgica	urgical History:									
			HISTORY: 1	Please include any surgeries or proc	edures yo	u have	had complete	od No Surgical			
			: PRO	CEDURE DATE: SPECIFICS OF THE	PROCEDI	JRE:					

WORK INJURY HISTORY: Please include any history Work Related Injuries in your Past (please use extra sheet if required)

**INJURY SPECIFICS:** 

DATE OF INJURY:

## Print Name \_\_\_\_\_

**Work Injury History:** 

CONDITION:



## CONSENT FOR EVALUATION AND TREATMENT

**Authorization for Medical Services** 

I consent to medical treatment from Access Omnicare ("AOC"), its affiliates, physicians, and employees. Treatment may include any necessary examination, test, or medical procedures ordered by the medical providers to be performed by AOC staff. I understand I may refuse treatment at any time. If I am seeking nonregulated substance abuse testing, I authorize AOC to obtain a specimen of my urine, blood, saliva, breath, hair, or other specimen to determine the presence of drugs or alcohol. I understand that some physical exams (like fitness for duty, school, or sports) and other services are not intended to diagnose medical conditions or replace the medical care of my personal physician.

#### **ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES**

I have reviewed or have been given an opportunity to review the AOC Notice of Privacy Practices (NPP). I have had an opportunity to ask questions about it and received satisfactory answers. I may ask for a copy of the NPP or can view it electronically at http://www.accessomnicare.com

- If I am being treated as an urgent care patient for a non-work-related injury and I have health insurance, I assign to AOC all payments under the terms of my applicable insurance policies.
- If I am being treated as an urgent care patient for a non-work-related injury and I do not have health insurance, I understand I am responsible for payment. I have a right to ask for the charge amounts before electing treatment.
- If I am treated for a workers' compensation injury or illness, AOC will seek payment from the
  responsible payer, which is typically the employer or the employer's workers' compensation
  insurance carrier.
- If I am receiving employer-directed services (e.g. drug testing, physicals, medical surveillance)
   AOC will seek payment from the employer. I may be responsible for payment if allowed by
   State or Federal law.
- If I am responsible for payment and my account is referred to collections, I understand that I
  may have to pay collection expenses incurred by AOC.

By signing this form, I acknowledge that I have read and/or had the notice explained to me and I fully understand its contents. I have been given the opportunity to ask questions, and any questions have been answered satisfactorily.

Patient signature confirming:								
Print Name: Signature: Date:								
Spouse/Parent/Guardian/G	Conservator signature confirming:							
Print Name:	Signature:	Date:						
		Daga 2 of						



## **FION TO DISCLOSE**

## **Protected Health Information to Employer**

My employer or potential employer has sent me to Access Omnicare ("AOC") for testing, evaluation, or treatment. By signing below, I authorize AOC to disclose my protected health information in accordance with the following terms and conditions:

REQUIRED: Name of current or prospective employer _	·
---	---

- 2. If I have been sent to AOC for only a drug screen, my protected health information only includes the results of that drug screen. Otherwise, my protected health information can include the results of tests or evaluations, including diagnoses and medical history relevant to the tests and evaluations performed that my employer or prospective employer has ordered or requires.
- 3. AOC may disclose my protected health information to my employer, prospective employer, or to an entity designated to evaluate my suitability for (1) initial or continued employment or (2) other activity required by my employer, or any other disclosure required by law.
- 4. I understand that my health information may not be protected from further disclosure by some entities receiving my information under this authorization, and that AOC has no control over subsequent disclosures by other entities.

#### MY RIGHTS IN CONNECTION WITH THIS AUTHORIZATION

- This authorization will expire one year from the date of when I am no longer employed by the above named employer or one year from the date below, whichever is later.
- I can ask for a copy of the protected health information that will be disclosed. A processing and/or copying charge may apply as permitted by law.
- My treatment may not be conditioned on my signing of this authorization unless the sole purpose of my visit to AOC is for my employer or prospective employer to obtain health information about me.
- I have a right to not sign this authorization or to limit the information I authorize to be disclosed. However, refusal to sign this authorization may violate a condition of employment or prospective employment. Contact your employer for details.
- I may revoke this authorization at any time, but I must do so in writing to the clinic where I received services. My revocation will not apply to disclosures that have already occurred under this authorization. Revocation of this authorization may carry consequences related to my employment or prospective employment. Contact your employer for details.
- I have a right to receive a copy of this authorization.

By signing this form I acknowledge that I have read and/or had the notice explained to me and I fully understand its contents. I have been given ample opportunity to ask questions, and any questions have been answered satisfactorily.

been answered satisfactori	ly.	
Patient signature confirmi	ng:	
Print Name:	Signature:	Date:
		Page 4 of

4

## ACCESS OMNICARE PRE-CLINIC CHECK-LIST

ACCESS DIVINICARE PRE-CLINIC CHECK-LIST											
Pat	ient Name:					Company Name	e:				
P	atient DOB:					Patient Job Title	e:				
Co	ontact Date:					Authorized B	y:				
Co	ontact Time:					Company Phone	e:				
Sch	neduled By:				Appt Date:			Ар	pt Time:		
	Services, Testing and Procedu				as per the Emp	ployer Protoc	ol:				9/12/2016
	DOT Exam - In	itial			EXM - Fit for Duty				TB - PPD Place	ment	
	DOT Exam - R	ecert			EXM - P&S Evaluat	ion			TB - Symptom	review	
	Drug - BAT DC	T			EXM - Physical Bas	ic	]	TB – Xray Clearance			
	Drug - BAT NO	N-DOT			EXM - Physical Exte	ended			Test - Audio		
	Drug - Collecti				EXM - Post Exposu				Test - EKG		
	Drug - DOT 5 I	•			EXM - Pre-OP		i	_	Test - Ishihara		
Ħ	Drug - Hair Co			H	EXM - Return to W	ork	T i		Test - N95 Mas	sk Fit	
H	Drug - NONDO				EXM - sports/school			=	Test - PFT Spire		
H	Drug - NONDO			H	Lab - Cholinesteras			=	Test - Stress Te		
H	Drug - NONDO			H	Lab - Lab Urinalysis			=	Test – Titmas \		
H				H	Lab - Lead/Zinc	<b>)</b>	L	=			
H	Drug - NONDO				· · · · · · · · · · · · · · · · · · ·			+	Vaccine - Flu (F		
H	eScreen Chest				lab - QuantiFERON			4	Vaccine - Flu (F		1
$\vdash$	eScreen DOT			$\square$	Lab - RPR			<u></u>	Vaccine - Hep		
Ш	eScreen DOT	JDS Collectio	n		Lab - titer - Hep A			Vaccine - Hep B			
	eScreen eCup	<b>PASSPORT</b>		Ш	Lab - titer - Hep B				Vaccine - MMR		
	Billed to eScre	en ONLY			Lab - titer - Hep C		[		Vaccine - Tdap		
	EScreen eCup	NON-PASS	PORT		Lab - titer - MMR		]	Vaccine - Varicella			
	Billed to the E				Lab - titer - Varicella				X-Ray - Chest 1	L View	
	eScreen Hep E				Lab - UA Dip		T i	X-Ray - Chest 2 Views			
H	eScreen Non-			H	Lab - UA Microscopic			X-Ray - Lumbar Limited			d
H	eScreen Non-	-	oction		Lab - X-Ray - TB Chest 1 View						
H	1			ш					· · · · · · · · · · · · · · · · · · ·		
H	eScreen OSHA	Respiratory	Physical		NEW WORK INJURY WITH DRUG SCREEN – 1 REGISTRATION WITH 2 APPOINTMENTS						
H	eScreen PPD				Scheduled New WC Visit – WC Billing						
Ш	eScreen Hair (	Collection					_	F.	mplayer Billing a	nd onto	v incurance
					Scheduled Substance Abuse Visit – Confirm Employer Billing and enter insurance  EMPLOYER SERVICE LABS – Schedule separate appointment "Lab Work"						
	EXM – Physica	al Ability Tes	ting		EMPLOYERS	SERVICE LABS – Sche	dule sep	oarai	te appointment	"Lab Wo	ork"
	Time:	•	Ü		QUICK Urine Drug	Screen					
							_				
	□ 20 □ 30	□ 40 □	60		Lot:	Exp:	Temp:		Result: [	NEG	☐ Non-NEG
NOTI	ES:										
Reaso	on for testing	: Pre-Em	ployment [	Pos	t Accident 🔲 Rando	om 🔲 Reasonable S	uspicior	n [	Return to duty	√ ☐ Fo	llow up
_										Ī	
En	itry by:		Entry	Time:		Treating MA:			Roo	m:	
Clinic	use. Ht	\\/t	RD		Pulse O2 _	DD -	Tomn		Pain	MA	
Cillic	use. III	vvt	БР		ruise 02 _	NN	remp_		raiii	IVIA	
Urina	Urinalysis: Leuk Nit Urobili Protein pH Blood Spec Grav Ketone Bili Gluc										
	Distance Uncorrected: R 20/ L 20/ Near Uncorrected: R 20/ L 20/ Glasses Contacts										
Dista	ance <u>Corrected</u>	: <b>R</b> 20/_	<b>L</b> 20/		Near <u>Corrected:</u>	R 20/ L 20	0/	-	Glasses	] Conta	acts
Ishih	ara: 🗆 Norr	mal 🗖 Abr	normal <b>\</b>	/isual I	Fields: degre	es Right de	egrees	Left			
CHEC	CK IN: [	] READ	/ MA: [		] VITALS: [	] READY DOO	:: [		] CHECK OU	T: [	]