

Occupational Medicine

## 5801243 - Occupational Medicine Request for Services - Binghamton

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Company Name:				Summit Building, Su	ite 204
Company Contact:				33 Mitchell Avenue	
Company Phone:				Binghamton, New York	
				(across from Bingham)	ton General Hospital)
Date:				Hours: Mon Fri., 7:	30 am to 4:30 pm
Employee Name:				No Appointme	•
Social Security #:					
REQUEST FOR SERVICES					NY 434
It is understood and agreed that the services requested will be			,	1000	
performed as described in the			-		Vestal Ave. Martha
The undersigned hereby agrees to indemnify UHS Occupational				Vestal Parkway	West. Martha
Medicine/United Health Servi			letter	Pale	Summit
accompanying or included in	said Catalog, and to pay L	JHS Occupa	ational		Stone Bldg.
Medicine/United Health Servi	ces Hospitals the rate spe	cified in the	current		e
UHS Occupational Medicine	fee schedule.			Rush Pennsylvania Park	Mitchell
ł				Rush Penns	Bton Mary
				Rus Penr	ngt ™
Signature and Title	Date/Tin	ne			Washington Mary
PLEASE CHE	CK ALL SERVICE	S DESIR	ED		So. W
Workers' Compensation Inju	Inv Caro			\$    <i>  </i>	S
	and Treatment			1 11 11 11	)I )I ) <del></del>
Post Accident Testing:				Free parking is availa	ble in the parking lot
☐ Drug Test ☐ Breath Al	cohol Test 🔲 DOT	□ Non-DO	Т	behind the Summit Bu	ilding. You can enter the
PHYSICAL EXAMINATIONS				parking lot from either	•
☐ New Hire (General Physica				Washington St. You m	ay also park free in the
☐ Fitness for Duty (Call Ahea		ınds Screen	(Lift Test)	UHS Binghamton Gen	eral Hospital visitor's lot.
☐ Return to work (Call Ahead	l) 			_	,
☐ New Hire Specific Job Place	cement (based on physical	l ability to			
perform job and jobsite eva	luation by UHS Hospitals	must be			
completed)					
Applicant's proposed job til		itta mandalaa	1 h		
(Regarding Specific Job			i by employer)		
DRUG AND ALCOHOL TEST	•			COHOL TESTING (DOT	Γ)
* Photo identification required *  Drug Screen:   Narcotic Panel				cation required *	
	□ Narcotic Panel			tion Only/No MRO	
	□ Panel 9		☐ Breath Alcoh		
•	☐ Panel 10		☐ Drug Screen		
☐ Hair Test ☐ Breath Alcohol				st (please check type):	
☐ Urine Collection Only/No MRO				nent 🗆 Random	Na
Reason for Test (please check type):			☐ Post Accide		vause
☐ Pre-employment ☐ Random ☐ Post Accident ☐ Reasonable Cause			☐ Return to W	'	
☐ Return to Work ☐ Follow				fy)	
☐ Other (specify)	v-up		-	Transportation (DOT)	
				Preplacement Preplacement	
rev 4.15, ini 3.13		J	LISA EXAIII.	Freplacement	
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☐ Audiometric Testing (29 CFR 1910.95)	Baseline Annual _	30 Day Recheck
☐ Bloodborne Pathogen Exposure (29 CFR 1910.1030)	Initial Follow-up	
☐ Formaldehyde Exam (29 CFR 1910.1048)	Preplacement/Initial	_ Annual/Periodic
☐ HAZMAT Exam (29 CFR 1910.120)	Preplacement/Initial	_ Annual/Periodic
☐ Hazardous Waste Operations (29 CFR 1910.120)	Preplacement/Initial	_ Annual/Periodic
☐ Lead Medical Surveillance (29 CFR 1910.1025)	Preplacement/Initial	_ Annual/Periodic
☐ Methylene Chloride Exam (29 CFR 1910.1052)	Preplacement/Initial	_ Annual/Periodic
☐ Respirator Suitability (29 CFR 1910.134)	Preplacement/Initial	_ Annual/Periodic
☐ Other (specify)		
☐ Asbestos Exam (29 CFR 1910.1001)		
Preplacement/Initial with "B" Reader Chest X-Ray		
Annual/Periodic (with "B" Reader Chest X-Ray Yes I	No)	

FREQUENCY OF CHEST X-RAY						
Years since first exposure						
	15 to 35	35+ to 45	45+			
0 to 10	Every 5 years	Every 5 years	Every 5 years			
10+	Every 5 years	Every 2 years	Every 1 year			

Immunizations	Ancillary Testing Services			
☐ Hepatitis A Vaccine	□ Tuberculin Skin Test (PPD)			
☐ Hepatitis B Vaccine	□ Rubella Titre			
☐ Measles, Mumps, Rubella (MMR) Vaccine	□ Rubeola Titre			
☐ Tetanus Toxoid Booster	☐ Hepatitis B Titre (quantitative)			
☐ Tetanus, Diptheria, Pertussis (Dtap)	☐ Mumps Titre			
☐ Tetanus Diptheria (Td)	□ Varicella Titre			
☐ Rabies Vaccine	☐ Lead Level			
☐ Varicella Vaccine	☐ Zinc Protoporphyrin			
☐ International Travel (specifiy)	☐ Heavy Metal Screen			
☐ Other (specify)	□ 2 View Chest X-Ray			
	□ Other (specify)			
Industrial Rehabilitation Services	Special Instructions:			
☐ Worksite Assessment				