



# BUSINESS HEALTH PARTNERS

COMPANY: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_ PO#: \_\_\_\_\_

SS#: \_\_\_\_\_ POSITION: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ CONTACT#: \_\_\_\_\_

### REASON FOR TEST:

(After marking your reason for test you will then need to select required testing below.)

- PRE-ACCESS/ENTRY
- FOLLOW-UP
- RETURN TO WORK
- PRE-EMPLOYMENT
- RANDOM
- POST-ACCIDENT
- REASONABLE CAUSE
- PERIODIC / ANNUAL
- OTHER \_\_\_\_\_

### LAB TESTS

- SMAC / CBC (LIVER)
- CBC
- URINALYSIS
- BLOOD LEAD / ZPP
- URINE PHENOL
- BLOOD BENZENE
- COVID AG NASAL SWAB
- COVID PCR NASAL SWAB
- OTHER \_\_\_\_\_

### FIT TEST

- OSHA RESPIRATOR QUESTIONNAIRE (PFT Review)
- PULMONARY FUNCTION
- 1/2 FACE \_\_\_\_\_
- FULL FACE \_\_\_\_\_

### DRUG SCREENS

- NON DOT
- DOT
- HAIR TEST \_\_5\_\_10
- QUICK TEST \_\_5\_\_9\_\_10
- ORAL FLUID

### AUDIOMETRY

- BASELINE
- COMPARISON

### ALCOHOL TESTING

- NON DOT
- DOT
- BREATH
- DISA
- SALIVA

### PHYSICAL EXAM

- DOT/CDL
- COAST GUARD EXAM
- BASIC EXAM
- RETURN TO WORK
- CRANE OPERATOR
- FIT FOR DUTY
- FCE

### OTHER SERVICES

- EKG
- CHEST X-RAY
- LUMBAR X-RAY
- VISION (TITMUS)
- IMMUNIZATION \_\_\_\_\_
- 1 VIEW
- 2 VIEW
- 2 VIEW
- 3 VIEW
- 5 VIEW
- JAEGER
- ISHIHARA
- OTHER \_\_\_\_\_

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