

<b>Company Name:</b>
<b>Company Contact:</b>
<b>Company Phone:</b>

<b>Date:</b>
<b>Employee Name:</b>
<b>Social Security#:</b>

**United**Health Services

# United Occupational Medicine

**Summit Building, Suite 204**  
 33 Mitchell Avenue  
 Binghamton, New York 13903  
*(across from Binghamton General Hospital)*  
**Hours: Mon. - Fri., 7:30 am to 4:30 pm**  
*No Appointment Necessary*  
**Phone: 607.762.2333**  
**Fax: 607.762.3320**  
**www.uhs.net/businessdirect**

**REQUEST FOR SERVICES**

It is understood and agreed that the services requested will be performed as described in the Catalog of Employer Services. The undersigned hereby agrees to indemnify United Occupational Medicine/United Health Services Hospitals, Inc. ("UOM/UHSH") as provided in the letter accompanying or included in said Catalog, and to pay UOM/UHSH the rate specified in the current United Occupational Medicine fee schedule.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature and Title

**PLEASE CHECK ALL SERVICES DESIRED**

**WORKER'S COMPENSATION INJURY CARE**

First Aid     Evaluation and Treatment

**Post Accident Testing:**

Drug Test     Breath Alcohol Test     DOT     Non-DOT

**PHYSICAL EXAMINATIONS**

New Hire (General Physical)     Annual

Fitness for Duty     Physical Demands Screen (Lift Test)

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New Hire Specific Job Placement *(based on physical ability to perform job and jobsite evaluation by UHS Hospitals must be completed)*

Applicant's proposed job title \_\_\_\_\_  
**(Regarding Specific Job Placement Only)**    *(title provided by employer)*

**ExpressCare**

**Free parking** is available in the parking lot behind the Summit Building. You can enter the parking lot from either Mitchell Ave. or South Washington St. You may also park free in the Binghamton General Hospital visitor's lot.

**DRUG AND ALCOHOL TESTING (NON-DOT)**

**\* Photo identification required \***

**Drug Screen:**

Panel 5/including MRO     Panel 9/including MRO

Hair Collection Only     Hair Collection/including MRO

Breath Alcohol     Urine Collection Only

**Reason for Test (please check type):**

Pre-employment     Random

Post Accident     Reasonable Cause

Return to Work     Follow-up

Other (specify) \_\_\_\_\_

**DEPARTMENT OF TRANSPORTATION (DOT)**

DOT Exam: \_\_\_Preplacement \_\_\_Recertification

19 A Exam: \_\_\_Preplacement \_\_\_Recertification

**\* Photo identification required \***

Urine Collection Only

Breath Alcohol

Drug Screen/including MRO

**Reason for Test (please check type):**

Pre-employment     Random

Post Accident     Reasonable Cause

Return to Work     Follow-up

Other (specify) \_\_\_\_\_

**OSHA Services 29 CFR 1910**

- 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
- Respirator Suitability for M. Tuberculosis (29 CFR 1910.139)....  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  No)

FREQUENCY OF CHEST X-RAY			
Years since first exposure	Age of employee		
	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**

- Hepatitis A Vaccine
- Hepatitis B Vaccine
- Measles, Mumps, Rubella (MMR) Vaccine
- Tetanus Toxoid Booster
- Tetanus, Diptheria, Pertussis (Dtap)
- Tetanus Diptheria (Td)
- Rabies Vaccine
- Varicella Vaccine
- International Travel (specify) \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**Ancillary Testing Services**

- Tuberculin Skin Test (PPD)
- Rubella Titre
- Rubeola Titre
- Hepatitis B Titre (quantitative)
- Mumps Titre
- Varicella Titre
- Lead Level
- Zinc Protoporphyrin
- Heavy Metal Screen
- 2 View Chest X-Ray
- Other (specify) \_\_\_\_\_

**Industrial Rehabilitation Services**

- Worksite Assessment

**Special Instructions:**