



# Kaiser On-the-Job<sup>®</sup> Appointment Request

Company Name	Employee Kaiser Medical Record Number? (Do NOT include number.) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employee Name (First, Middle, Last)

Maiden Name or Previous Name(s)	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Date of Birth	Phone
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Home Address (Street, City, ZIP)

Appointment Preference (Date, Time)

Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Language
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**Services Requested** (Check type of exam/testing)

- |  |   |
|--|---|
| <input type="checkbox"/> Post-offer/Pre-placement exam | <input type="checkbox"/> Fitness for Duty     |
| <input type="checkbox"/> DMV                           | <input type="checkbox"/> Periodic/Annual Exam |

**Medical Surveillance/Additional Testing**

- |  |  |
|--|--|
| <input type="checkbox"/> Functional Capacity Exam:<br><input type="checkbox"/> At Kaiser <input type="checkbox"/> Outside Kaiser | <input type="checkbox"/> Urine Drug Screen <input type="checkbox"/> BAT:<br><input type="checkbox"/> Pre-placement <input type="checkbox"/> Random <input type="checkbox"/> Reasonable suspicion |
| <input type="checkbox"/> PPD   | <input type="checkbox"/> Lead <input type="checkbox"/> With ZPP  |
| <input type="checkbox"/> Immunization  | <input type="checkbox"/> Respiratory (Will employee be using SCBA?) <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <input type="checkbox"/> Hearing, audiogram  | <input type="checkbox"/> Asbestos (Includes respiratory, spirometry, chest x-ray)  |
| <input type="checkbox"/> Hazardous Waste Worker/HAZMAT   | <input type="checkbox"/> Other (Specify) _____   |

Additional instructions

Job Class	Department
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Contact Person	Phone	Fax
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Contact Person Email

Employee Supervisor Name	Phone	Fax
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Employee Supervisor Email

Clearance to be faxed to (Name, Fax Number)

Please indicate preferred clinic for treatment:

- |  |   |
|--|---|
| <input type="checkbox"/> Santa Rosa Clinic<br>3975 Old Redwood Highway<br>Santa Rosa, CA 95403<br>Phone: (707) 566-5550<br>Fax: (707) 566-5536 | <input type="checkbox"/> Rohnert Park Clinic<br>5900 State Farm Drive<br>Rohnert Park, CA 94928<br>Phone: (707) 206-3091<br>Fax: (707) 206-3093 |
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