



# Kaiser On-the-Job® Appointment Request

Company Name	Employee Kaiser Medical Record Number? (Do NOT include number.) <input type="checkbox"/> Yes <input type="checkbox"/> No
Employee Name (First, Middle, Last)	
Maiden Name or Previous Name(s)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	Phone
Home Address (Street, City, ZIP)	
Appointment Preference (Date, Time)	
Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Language

## 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	
Contact Person	Phone	Fax
Contact Person Email		
Employee Supervisor Name	Phone	Fax
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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