



Referral for Medical Services (Other than pre-employment exams)

Instruction:

1. Complete form.
2. Send or email Referral form to the medical facility of your choice and set up an appointment. Be sure to notify employee of the date/time of the employment.
3. Employee is to arrive at the medical facility **30 minutes before** the appointment and present this form.

Medical Facility: ☐ Kaiser, email to Occupational-Health@kp.org or fax to 510-752-6449
☐ APMC, email to EmployeeHealth@acmedctr.org or fax to 510-346-7579

Appointment Date / Time: _____

Employee Name / Date of Birth: _____

Employee's Address / Phone #: _____

Agency/Dept. _____ Unit: _____

Job Classification: _____

Authorized By: _____ Date: _____
(Print or Type Name)

Phone #: _____

Fax Results To: _____ Fax #: _____

Services Available at both Kaiser and APMC:

<input type="checkbox"/> Flu vaccine (§5199)	<input type="checkbox"/> Hep B vaccine	<input type="checkbox"/> MMR vaccine
<input type="checkbox"/> TB (PPD) test	<input type="checkbox"/> TDAP vaccine (§5199)	<input type="checkbox"/> Varicella vaccine
<input type="checkbox"/> Respirator health questionnaire only (§5144)		

Service Available only at APMC: ☐ Respirator fit testing (§5144)

Services Available only at Kaiser:

<input type="checkbox"/> Audiometry (§5097)	<input type="checkbox"/> Asbestos (§1529)	<input type="checkbox"/> Blood Lead / Zinc (§1532)
<input type="checkbox"/> DOT Medical Exam	<input type="checkbox"/> Polio Vaccine	<input type="checkbox"/> Rabies Vaccine

Other (please specify): _____

☐ For groups or on-site services, please fax referral to Risk Management along with the type of service, names of employees, and preferred dates.

§ Refers to Cal/OSHA regulation found in Title 8 of the California Code of Regulations

c: Risk Management Unit, Fax #: (510) 272-6815

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