







Please type or print in ink

EMPLOYEE NAME		SHIFT/HOURS OF WORK	: DATE:	
First Name	Last Name			
APPOINTMENT DATE	APPOINTMENT TIME	OTHER NOTATIONS:		
Physical Exams Only):	(Physical Exams Only):			
SUPERVISOR/REFERRED BY: APPOI		APPOINTMENT DATE	APPOINTMENT TIME	
Address *				
		City	State Zip	
REASON FOR VISIT (Please check all that apply) EXAMINATION TYPE DOT Physical Exam	Pre-Placement (Non-Dot) Exar	URINE DRI	UG TESTING: NON-DOT Observed	
Asbestos Exam Respiratory Exam		Please circ	le one and check off circumstance:	
Silica Exam		Pre-en	nployment Follow-up	
Occupational Medicine S	Services (Non-Provider)	Rando	m Reasonable Suspicio	
CBC CMP	Lead TST T-Spot/ Qua	antiFERON Post-A	ccident Return to Duty	
Chest X-Ray	PFT/Spirometry Respiratory	_		
Audiogram TB Skin testing			ALCOHOL TEST (if applies):	
OSHA Questionnaire/Clearance			BREATH ALCOHOL TEST (DOT)	
Other		BLOOD	BLOOD ALCOHOL TEST (NON-DOT)	
FITNESS FOR DUTY/RETURN TO WORK		INJURY/ILI	.NESS:	
Other			RELATED	
Other		NON-V	VORK	
			TERMINED	
Maple Wood Location 1560 Ream Avenue	Plymouth Loc		Eagan Location 4130 Blackhawk Rd	

Suit F

Maplewood, MN 55109

CALL FOR APPOINTMENT

Hours: 8:30 a.m. to 5:00 p.m.

Monday - Friday

Phone Number: (651) 274-1756

Suite 125

Plymouth, MN 55441

CALL FOR APPOINTMENT

Hours: 8:30 a.m. to 5:00 p.m. Monday, Wednesday, and Friday Phone Number: (651) 274-1756

Suite 112 Eagan, MN 55122

CALL FOR APPOINTMENT

Hours: 8:30 a.m. to 5:00 p.m.

Monday - Friday

Phone Number: (651) 274-1756

OnSITE Drug Testing and Consulting

2885 Country Dr #130 Little Canada, MN 55117