

Please complete this form at check-in



Time Arrived: _____

- ✓ Please check with receptionist before using the restroom.
- ✓ Please have photo ID ready to show registration staff.
- ✓ If your employer or prospective employer has sent you with forms please share them with the registration staff.

NAME: _____

LAST FIRST M.I.
My address has not changed since my last visit NO - do not fill in below YES- Fill in new address below

ADDRESS: _____

PHONE: _____

SOCIAL SECURITY # (OPTIONAL): _____ DATE OF BIRTH: _____

NAME OF COMPANY WHO SENT YOU: _____

Do you have an appointment? YES NO

Please indicate the reason/s for your visit to HealthWorks today:

DRUG SCREENING – Indicate reason for testing:

___ **PRE-EMPLOYMENT (ENTRY INTO A RANDOM POOL)**
Are you a new hire? _____ Are you a new CDL driver? _____

___ **RANDOM**

___ **POST-ACCIDENT**
Were you driving when accident occurred? _____ Work related injury? _____
Property damage at work? _____

Will you require medical care today for your injury? _____

___ **REASONABLE SUSPICION**

___ **WRITTEN WARNING**

___ **FOLLOW UP TESTING – (Done randomly & ordered by SAP)**

DO YOU HOLD A CDL DRIVER LICENSE? YES NO

I am here today for the following service: Check all those that apply:

___ Pre-placement Physical	___ PPD/Tuberculosis Screening
___ DOT Exam (driver's medical card)	___ Workers' Compensation Injury 1 st
___ Fire Fighter Exam	___ Workers' Compensation Injury follow-up
___ NYS Bus Driver-Article 19A Exam	___ Other reason _____
___ Annual Fork Lift Exam	___ Sent by company for Fit for Duty Evaluation
___ Respirator Exam	
___ Fit testing	
___ Hearing/Audio testing	
___ Return to Work Exam	