



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
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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

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)*

- | | |
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| <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:
<input type="checkbox"/> At Kaiser <input type="checkbox"/> Outside Kaiser | <input type="checkbox"/> Urine Drug Screen <input type="checkbox"/> BAT:
<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)
