

# Providence Occupational Medicine-Bridgeport

18040 SW Lower Boones Ferry Road  
Suite 100  
Tigard, OR 97224

**Clinic hours:**  
8 a.m. to 5 p.m., Monday-Friday  
Closed Noon to 1 p.m.

**Appointment scheduling:**  
503-216-7960

**Clinic phone:**  
503-216-6188

**Fax:**  
503-216-0895

Employee/applicant name: \_\_\_\_\_ Authorized by: \_\_\_\_\_

Company name: \_\_\_\_\_ Date/time left work: \_\_\_\_\_

Job title: \_\_\_\_\_ Protocol name: \_\_\_\_\_

## Scheduled services/Reason for visit: (Please check all that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> Pre-placement                        | <input type="checkbox"/> Optional services (please specify) _____ |
| <input type="checkbox"/> DOT exam - New                       | <input type="checkbox"/> Optional services (please specify) _____ |
| <input type="checkbox"/> DOT exam - Recertification           | <input type="checkbox"/> Optional services (please specify) _____ |
| <input type="checkbox"/> Bus driver exam - New                | <input type="checkbox"/> Optional services (please specify) _____ |
| <input type="checkbox"/> Bus driver exam - Recertification    | <input type="checkbox"/> Optional services (please specify) _____ |
| <input type="checkbox"/> Medical surveillance exam - Baseline | <input type="checkbox"/> Optional services (please specify) _____ |
| <input type="checkbox"/> Medical surveillance exam - Periodic | <input type="checkbox"/> Optional services (please specify) _____ |
| <input type="checkbox"/> Medical surveillance exam - Exit     | <input type="checkbox"/> Optional services (please specify) _____ |
| <input type="checkbox"/> Firefighter exam                     | <input type="checkbox"/> Optional services (please specify) _____ |
| <input type="checkbox"/> Police officer exam (DPSST)          | <input type="checkbox"/> Optional services (please specify) _____ |
| <input type="checkbox"/> FAA exam                             | <input type="checkbox"/> Optional services (please specify) _____ |
| <input type="checkbox"/> Immigration exam                     | <input type="checkbox"/> Optional services (please specify) _____ |
| <input type="checkbox"/> Respirator exam                      | <input type="checkbox"/> Optional services (please specify) _____ |
| <input type="checkbox"/> Other exam (please specify) _____    |   |

## Substance testing: (provided with exam only)

- Pre-placement  Random  Post-injury  Reasonable suspicion/For-cause  Follow-up  Return to duty  
 Other  Direct observation required  
 DOT (FMCSA)  DOT (PHMSA)  DOT (USCG)  DOT (FTA)  DOT (FAA)  DOT (FRA)  
 Non-DOT  Express/Rapid  
 Breath alcohol test:  DOT  Non-DOT

## Ancillary services:

- Audiogram:  Baseline  Annual  
 TB skin test  
 Immunization (please specify) \_\_\_\_\_  
 Antibody testing (please specify) \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_

## Customer notice:

1. Your employer or Department of Transportation (DOT) regulations may require that you remain in our facility if you cannot provide an acceptable drug test specimen. Please allow adequate time in your schedule for the possibility of an extended visit due to retesting.
2. Please bring photo identification issued by local, state or federal government (e.g., your driver's license).