Employee DOT Physical Exam Form

Dartmouth College Health Service (Dick's House)
7 Rope Ferry Road • Hanover • NH • 03755
Phone: (603) 646-9414 • Fax: (603) 646-9450

Employee: **Complete this section and then give this form to the Receptionist at Dick's House when you check in for your appointment.**

Employee Name _____ Identification Number (SS# or DID# or MR#) _____ Date of Birth _____

Department _____ Supervisor _____

Exam Requested DOT/CDL _____ DOT Certificate Expiration Date: _____

Respiratory _____ Pesticide _____ Scuba _____ Other _____

Department Supervisor or EHS Representative: Complete this section and give to employee prior to appointment.

Chart string account to which this service should be charged. **(Complete number required)**

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Authorizer's Signature **(required)** _____ Authorizer's Name **(required - please print)** _____ Authorizer's Phone Number _____

Provider: Complete this section, sign and file in employee's medical record.

Date of Exam _____ Yes _____ No _____ Medical Examiner's Certificate Granted _____ If Yes, expiration date _____

_____ Restrictions: _____

_____ Not Qualified: _____

_____

Provider's Signature _____ Date _____ Medical Record Number _____

Office Use Only

Type of Exam: DOT/CDL _____ Respiratory Equipment: (initial visit) _____ (yearly visit) _____ Brief Consult _____

Day Care Physical _____ Pesticide Exam _____ Scuba Physical _____ Animal Resource Center Exam _____

Tests or Labs: Urinalysis (8449) _____ Spirometry _____ Acetyl Cholinesterase _____ ECG (93000) w/interpretation _____

CBC _____ X-ray _____ PPD _____ Hep B Titer _____ Other _____

Employee Health Coordinator Initials _____ Date _____ Patient Accounts Initials _____ Total Charged _____ Batch _____