



Hours of Operation: M-F 8a-8p, S-S 8a-5p
 Drug Screening Hours M-F 8a-5p, Saturday 8a-1p

Employer Authorization for Occupational Health Services

Employee is to present this completed form at time of visit

Fire Department Name: Barkhamsted Fire District

Date of Service:

Authorized by:

Email:

Phone:

Patient's Name: _____ DOB

Patient Mobile #:

Comments:

Send all Results via (check one):

- Secure Email:
- Secure Fax:
- Mailing Address:

**Services to Be Performed for Pre-employment
 Interior Fire Fighter Physical:**

	UDS 9 Panel	PSA (after 40 for all male members)	
	Baseline Chest X-Ray	U/A (Urine Dipstick)	
	Osha Questionnaire	EKG	
	Physical Exam (vitals, vision)	Hep Screening or Vaccination	
	Hearing test (whisper)	TB skin test	
	Blood Analysis (Electrolytes, Renal function, Glucose, Liver test, Lipid Panel and CBC with Diff)	PFT (Spiro)	
	3 Minute Step test		

(AFC Staff Please check off each item that has been completed)



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 Drug Screening Hours M-F 8a-5p, Saturday 8a-1p

Employer Authorization for Annual Fire Fighter Physicals:

Employee is to present this completed form at time of visit

Fire Department Name: Barkhamsted Fire District

Date of Service:

Authorized by:

Email:

Phone:

Patient's Name: _____ DOB

Patient Mobile #:

Comments:

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Services to Be Performed for Exterior Examination

	OSHA Questionnaire	U/A (Urinalysis)	
	Physical Exam (Vitals, vision screening)	EKG over 40	
	Hearing assessment (whisper test)	TB skin test (if first responder)	
	Blood analysis (Electrolytes, Renal function, Glucose, Liver tests, Lipid panel and CBC w/ differential)		

(AFC Staff Please check off each item that has been completed)



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Employee is to present this completed form at time of visit

Fire Department Name: Barkhamsted Fire District

Date of Service:

Authorized by: _____ Email: _____

Phone: _____

Patient's Name: _____ DOB _____

Patient Mobile #: _____

Comments:

Send all Results via (check one):

- Secure Email:
- Secure Fax:
- Mailing Address:

Services to Be Performed for Pre-employment Exterior Physical:

	UDS 9 Panel		
		U/A (Urine Dipstick)	
	Osha Questionnaire	EKG	
	Physical Exam (vitals, vision)	Hep Screening or Vaccination	
	Hearing test (whisper)	TB skin test	
	Blood Analysis (Electrolytes, Renal function, Glucose, Liver test, Lipid Panel and CBC with Diff)		

(AFC Staff Please check off each item that has been completed)



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Fire Department Name: Barkhamsted Fire District

Date of Service:

Authorized by:

Email:

Phone:

Patient's Name: _____ DOB

Patient Mobile #:

Comments:

Send all Results via (check one):

- Secure Email:
- Secure Fax:
- Mailing Address:

Services to Be Performed for Interior Examination

	OSHA Questionnaire	U/A (Urinalysis)	
	Physical Exam (Vitals, vision screening)	EKG over 40	
	Hearing assessment (whisper test)	PFT (Spiro)	
	Blood analysis (Electrolytes, Renal function, Glucose, Liver tests, Lipid panel and CBC w/ differential)	3 Minute step test	
	PSA (after age 40 for all male members)	TB skin test (if first responder)	

(AFC Staff Please check off each item that has been completed)