

Basic Medical Service Enrollment Form

*Respirator services use a special form. For advanced exams, contact Account Services.
 (HazMat/Medical Surveillance, Fire Fighter, Law Enforcement, etc.)*

To enroll your company for basic exam and screening test services at MultiCare Occupational Medicine,
 complete this form, sign and return to Account Services at: email to ocmed@multicare.org (preferred), or fax to 253-459-6708

Please include a commercial account application if not already open.

Company/Employer

Company Name: _____ Dept / Division: _____

Resulting Contact Name: _____ Contact Tel: _____

Contact Email: _____ Secure Fax: _____

Resulting Preference: ___ Email ___ Secure Fax Above ___ Other:

Basic Exam Protocols								
<i>Send JAs and protocol specifications if available</i>								
Provider Exam		Additional Components <i>Additional details or enrollment form required</i>						
		Drug Test	Booth Audiogram	Special Vision	Immunizations	TB Skin Test	Labs	Other (specify below)
<input type="checkbox"/>	Exam-Post Offer DOT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Exam-Recertification DOT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Exam-Post Offer NonDOT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical Services Without An Exam

Hearing, Vision, Misc.		Lab Titers (Immunity Tests)		Immunizations	
<input type="checkbox"/>	Booth Audiogram	<input type="checkbox"/>	Lab-Hep A Titre	<input type="checkbox"/>	Immunization-Flu
<input type="checkbox"/>	Special Vision (specify)	<input type="checkbox"/>	Lab-Hep B Titre	<input type="checkbox"/>	Immunization-Tdap
<input type="checkbox"/>	Anth. Size Restrictions (ASR)	<input type="checkbox"/>	Lab-MMR	<input type="checkbox"/>	Immunization-Hep A
<input type="checkbox"/>	TB Skin Test	<input type="checkbox"/>	Lab-Varicella	<input type="checkbox"/>	Immunization-Hep B
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Immunization-MMR
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Immunization-Varicella
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

Additional Details/Requirements

Enrollment Form Completed by

Print Name

Print Title

Signature

Date