

## **NEW CLIENT CHECKLIST**

1000 Brabham Avenue Jacksonville 910.815.4228 ewilkins2@wilmingtonhealth.com 1202 Medical Center Drive Wilmington 910.341.1542 occmed@wilmingtonhealth.com

Company Name	Date	
Contact	Phone	
Email		
PHYSICALS		
☐ Pre-Employment Physical	☐ Police Physical	
☐ Annual Physical	Respirator Physical	
☐ DOT Physical	☐ Asbestos Physical	
☐ Fit-for-Duty Physical	☐ USCG Physical	
☐ Firefighter Physical	☐ Dive Physical	
☐ Hazmat Physical	Other	
DRUG SCREENS		
☐ DOT Drug Screen	☐ Hair Collection Only	
☐ Expanded Drug Screen	☐ HPP	
☐ Rapid Drug Screen	☐ Saliva Drug Screen	
☐ Expanded Hair	Observed Drug Screen	
☐ Urine Collection Only		
OTHER SERVICES		
☐ Breath Alcohol (BAT)	☐ Lift Test	
☐ Urine Alcohol (Ethyl) 24-48 Hour	☐ Lift Test Expanded	
☐ Urine Alcohol (ETG) 3-4 Days	☐ Agility Test 1	
☐ Audio	☐ Agility Test 2	
☐ EKG	☐ Back Assessment	
☐ Stress Test	☐ CXR 1 View	
☐ Vision Acuity	☐ CXR 2 View	
☐ Pulmonary Function Test (PFT)	☐ L Spine 2-3	
☐ Respirator Fit Test	☐ L Spine 4 View	
☐ Respirator/Medical Review		

LABS	
☐ Executive Panel	☐ MMR Titer
□ PSA	☐ Varicella Titer
☐ Quantiferon Gold TB	☐ Benzene
Lead	☐ Veni Puncture Collection
☐ Hep A Titer	☐ 0ther
☐ Hep B Titer	
VACCINATIONS	
☐ PPD (TB Test)	☐ MMR Vaccine
☐ Td (Tetanus)	☐ Varicella Vaccine
☐ Tdap	☐ Typhoid Vaccine
☐ Hep A Vaccine	☐ Flu Vaccine
☐ Hep B Vaccine	Other
WORKERS' COMP	
☐ Initial Visit	☐ Post-Accident Drug Screen
☐ Follow-Up Visit	☐ Post-Accident Breath Alcohol
ADDITIONAL HEALTH SERVICES NEEDS	
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