



NEW CLIENT CHECKLIST

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Wilmington
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Company Name _____ Date _____

Contact _____ Phone _____

Email _____

PHYSICALS

- | | |
|--|--|
| <input type="checkbox"/> Pre-Employment Physical | <input type="checkbox"/> Police Physical |
| <input type="checkbox"/> Annual Physical | <input type="checkbox"/> Respirator Physical |
| <input type="checkbox"/> DOT Physical | <input type="checkbox"/> Asbestos Physical |
| <input type="checkbox"/> Fit-for-Duty Physical | <input type="checkbox"/> USCG Physical |
| <input type="checkbox"/> Firefighter Physical | <input type="checkbox"/> Dive Physical |
| <input type="checkbox"/> Hazmat Physical | <input type="checkbox"/> Other _____ |

DRUG SCREENS

- | | |
|--|---|
| <input type="checkbox"/> DOT Drug Screen | <input type="checkbox"/> Hair Collection Only |
| <input type="checkbox"/> Expanded Drug Screen | <input type="checkbox"/> HPP |
| <input type="checkbox"/> Rapid Drug Screen | <input type="checkbox"/> Saliva Drug Screen |
| <input type="checkbox"/> Expanded Hair | <input type="checkbox"/> Observed Drug Screen |
| <input type="checkbox"/> Urine Collection Only | |

OTHER SERVICES

- | | |
|---|---|
| <input type="checkbox"/> Breath Alcohol (BAT) | <input type="checkbox"/> Lift Test |
| <input type="checkbox"/> Urine Alcohol (Ethyl) 24-48 Hour | <input type="checkbox"/> Lift Test Expanded |
| <input type="checkbox"/> Urine Alcohol (ETG) 3-4 Days | <input type="checkbox"/> Agility Test 1 |
| <input type="checkbox"/> Audio | <input type="checkbox"/> Agility Test 2 |
| <input type="checkbox"/> EKG | <input type="checkbox"/> Back Assessment |
| <input type="checkbox"/> Stress Test | <input type="checkbox"/> CXR 1 View |
| <input type="checkbox"/> Vision Acuity | <input type="checkbox"/> CXR 2 View |
| <input type="checkbox"/> Pulmonary Function Test (PFT) | <input type="checkbox"/> L Spine 2-3 |
| <input type="checkbox"/> Respirator Fit Test | <input type="checkbox"/> L Spine 4 View |
| <input type="checkbox"/> Respirator/Medical Review | |

