



# NEW CLIENT CHECKLIST

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Wilmington  
910-341-1542  
occmcd@wilmingtonhealth.com

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

## PHYSICALS

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- |  |  |
|--|--|
| <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

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- |  |   |
|--|---|
| <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

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- |   |   |
|---|---|
| <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        |   |

