

Treatment Form



EMPLOYER & EMPLOYEE INFORMATION

EMPLOYER: **Manchester Community College**

EMPLOYEE / APPLICANT:

AUTHORIZED BY: **Elaine Bussey**

EXPIRATION DATE: **12/31/2025**

SERVICES REQUIRED:

EXAMINATIONS & TESTING

Pre-Employment Physical ☐
Pre-Employment DOT Physical ☐
Re-Certification DOT Physical ☐
2-Step TB Skin Test ☐
Return within 1-3 weeks from 1st TB Read to finish the process
X-Ray (1 view) (TB Screening) ☐
Documentation of a positive result is required
TB - QuantiFERON Blood Draw (Lab Test Code: 182879) ☒
MMR Titer (Lab Test Code: 058495) ☐
Varicella Ab, IgG Titer (Lab Test Code: 096206) ☐
Hep B Surface Ab Qualitative Titer (Lab Test Code: 006395) ☐
***CLINICAL TEAM: Please select An Employer Paid Service under the Location in the Lab Interface when ordering the test.**

DRUG TESTING TYPE

12 Panel Rapid (With **BLANK LabCorp** Non-DOT Chain of Custody) ☒

DRUG TESTING REASON FOR TEST

Pre-Employment ☒

VACCINATIONS & INJECTIONS

Tdap Vaccine ☐
Hep B Vaccine (series of 3) ☐
Varicella Vaccine (series of 2) ☐
MMR Vaccine (series of 2) ☐

RESULTS

ConvenientMD Staff: Please verify account protocol on the Occupational Health Directory

Date of Service:

Patient ID:

Clinic Location:

12 Panel Rapid Drug Screen
When results are negative attach DocuTAP Printout*
If sent out for further testing, attach COC EMPLOYER COPY *

Pending/ CCF Sent out	Pass/ Negative	(Initials)
<input type="checkbox"/>	<input type="checkbox"/>	

	Pending	Pass	Fail	(Initials)
Pre-Employment Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pre-Employment DOT Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Re-Certification DOT Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Attach DOT Physical Card*

TB - QuantiFERON Blood Draw ☐ (Initials)

Confirm 'An Employer Paid Service' was selected in Lab Interface*



If requested and not completed, select reason below:

☐ Outside of hours ☐ Out of Supplies ☐ Poor Venous Access ☐ Other

	Pending	Immunity Verified*	(Initials)
MMR Titer	<input type="checkbox"/>	<input type="checkbox"/>	
Varicella Titer	<input type="checkbox"/>	<input type="checkbox"/>	
Hep B Titer	<input type="checkbox"/>	<input type="checkbox"/>	

Confirm 'An Employer Paid Service' was selected in Lab Interface*

Attach Immunization Records if Applicable*

Administered

Tdap (Vaccine) ☐ (Initials)

Attach Immunization Consent Form*

	1st Dose	2nd Dose	3rd Dose	(Initials)
Hep B (Vaccine series of 3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MMR (Vaccine series of 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Varicella (Vaccine series of 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Attach Immunization Consent Form*

Comments

Revised 5/13/2024