

# Treatment Form



## EMPLOYER & EMPLOYEE INFORMATION

EMPLOYER: **Manchester Community College**

EMPLOYEE / APPLICANT: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

## SERVICES REQUIRED:

### EXAMINATIONS & TESTING - SELF PAY

**Amount is due at the time of service**

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 - SELF PAY

**Amount is due at the time of service**

12 Panel Rapid (With Non-DOT Chain of Custody) ☐

### DRUG TESTING REASON FOR TEST

Pre-employment ☐

### VACCINATIONS & INJECTIONS - SELF PAY

**Amount is due at the time of service**

Tdap ☐

Hep B (series of 3) ☐

Varicella ☐

MMR ☐

## INSTRUCTIONS FOR CONVENIENTMD TEAM FOR SELF-PAY SERVICES:

- ☒ Amount is due at the time of service - follow company protocol to determine the price
- ☒ Select 'Employer Paid Service' as Visit Type
- ☒ Enter 'Manchester Community College' as the Employer

## RESULTS

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

Date of Service: \_\_\_\_\_

Patient ID: \_\_\_\_\_

Clinic Location: \_\_\_\_\_

12 Panel Rapid Drug Screen ☐ Pending/CCF Sent out ☐ Pass/Negative ☐ \_\_\_\_\_ (Initials)

When results are negative attach DocuTAP Printout\*

**If requested and not completed, select reason below:**

☐ Outside of hours ☐ Unable to provide sample ☐ Other \_\_\_\_\_

Pre-Employment Physical ☐ Pending ☐ Pass ☐ Fail ☐ \_\_\_\_\_ (Initials)

Pre-Employment DOT Physical ☐ Pending ☐ Pass ☐ Fail ☐ \_\_\_\_\_ (Initials)

Re-Certification DOT Physical ☐ Pending ☐ Pass ☐ Fail ☐ \_\_\_\_\_ (Initials)

Attach DOT Physical Card\*

2-Step TB Skin Test ☐ Pending ☐ 1st Read ☐ Pending ☐ 2nd Read ☐ \_\_\_\_\_ (Initials)

Please send Read/ Plant to employer per Occ Health Directory\*

TB - QuantiFERON Blood Draw ☐ Pending ☐ \_\_\_\_\_ (Initials)

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

X-Ray (1 view) (TB Screening) ☐ Normal ☐ Abnormal ☐ \_\_\_\_\_ (Initials)

Attach Teleradiology Report\*

MMR Titer ☐ Pending ☐ Immunity Verified\* ☐ \_\_\_\_\_ (Initials)

Varicella Titer ☐ Pending ☐ Immunity Verified\* ☐ \_\_\_\_\_ (Initials)

Hep B Titer ☐ Pending ☐ Immunity Verified\* ☐ \_\_\_\_\_ (Initials)

Attach Immunization Records if Applicable\*

Tdap (Vaccine) ☐ Administered ☐ \_\_\_\_\_ (Initials)

Attach Immunization Consent Form\*

Varicella (Vaccine Series of 2) ☐ 1st Dose ☐ 2nd Dose ☐ 3rd Dose ☐ \_\_\_\_\_ (Initials)

MMR (Vaccine Series of 2) ☐ 1st Dose ☐ 2nd Dose ☐ 3rd Dose ☐ \_\_\_\_\_ (Initials)

Hep B (Vaccine series of 3) ☐ 1st Dose ☐ 2nd Dose ☐ 3rd Dose ☐ \_\_\_\_\_ (Initials)

Attach Immunization Consent Form\*

Comments

Revised 5/13/2024