

Flow Chart - Short Term Patients:

Patient Name _____ Company Name _____ Date _____ Patient ID (last 4) _____
 PO/Job Number _____ DISA PO/Job Number _____ Check In Time _____ Check Out Time _____

- Pre-Employment
 Random
 Pre-Access
 Follow-Up
 Return to Duty
 Accident
 For Cause

Testing Item *Time* *Initial* *Testing Item* *Time*

Initial

DISA ALCOHOL			RAPID 10 DRUG		
DISA DRUG			CRL DRUG (INHOUSE)		
DISA HAIR			NON-DOT ALCOHOL		
NASAP ALCOHOL			DOT PHYSICAL		
NASAP DRUG			NON-DOT PHYSICAL		
DOT ALCOHOL			AUDIO EXAM		
DOT DRUG			SUPPLIED AIR TRAINING		
LEAD BLOOD (EXPERTOX)			BOTTLEWATCH TRAINING		
			CHROMIUM 6 (EXPERTOX)		

Vitals

Height:	Weight:	Pulse:
BP #1: Time:	BP #2: Time:	BP #3: Time:
Grip Left Hand:	Grip Right Hand:	Pulse Oximeter %:
Vision Left Eye: /	Vision Right Eye: /	Both: /
Color Distinction of Both Eyes <input type="checkbox"/> Yes <input type="checkbox"/> No	Isihara: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> W/ Correction <input type="checkbox"/> W/Out Correction	

Urine Dip Stick : Blood _____ Protein _____ Specific Gravity _____ Glucose _____ (1,000 + requires Finger Stick)

Finger Stick Required Yes No 1. Result _____ on ___ / ___ / ___ 2. Result _____ on ___ / ___ / ___

PFT Test			<input type="checkbox"/> ANSI I ONLY <input type="checkbox"/> ANSI II (V, H, LD) <input type="checkbox"/> ANSI III <input type="checkbox"/> FIT TEST
3M6000 HF: SIZE: _____		Scott AV 3000 FF SIZE: _____	Size: _____
3M6000 FF SIZE: _____		North Star 7600 FF SIZE: _____	Size: _____
3M78000 FF SIZE: _____		Drager FF SIZE: _____	Size: _____
Scott AV 2000 FF SIZE: _____		BSI Helmet SIZE: _____	Size: _____