

BHS HAS MOVED. SAME ADDRESS, NEW ENTRANCE.

Business Health Services is now accessed through the main entrance of the Woodburn Health Center. We continue to be dedicated to helping employers maintain a safe, healthy and drug-free workforce. We are committed to the philosophy of return-to-work and the delivery of high quality medical care.

BHS Clinic Hours: Monday – Friday, 8 am – 5 pm
 Phone: 971.983.5340 • Fax: 971.983.5343
 BHS injured worker testing only available M-F, 8 to 5 in the **new** BHS clinic location. **Urgent Care has not relocated.**

Urgent Care Hours (injured worker care only, **NO** testing):
 Monday – Friday, 11 am – 7 pm • Saturday, 10 am – 4 pm

Important: Please provide picture ID. The EMPLOYER needs to fill out this form COMPLETELY.
 A newly completed form must accompany each employee at every visit. Email to: BHS@LHS.org or Fax: 971.983.5343.
 → **FOR INJURED WORKER CARE** requiring Post-Accident Testing (PAT), please Email form to: PAT@LHS.org (**DO NOT FAX**)
 Late afternoon drug screen patients need to arrive ready to provide a sample. DOT drug screens must arrive by 2:30 pm.
 Chain of Custody for drug screens must accompany employee or be provided to clinic in advance.

Company: _____ Employer Approval: _____ Date: _____
 Employee Name: _____ APPOINTMENT Date: _____

Billing: Company (above), or TPA: _____

Walk-in drug screen type, designation and agency designation:

- Non-DOT: **(Federal/DOT testing - must designate which agency)**
 DOT: FMCSA FTA FAA FRA PHMSA USCG
- Preemployment Urine Drug Screen (UDS)
 - Reasonable Suspicion Urine Drug Screen
 - Post-Accident Urine Drug Screen
 - Random Urine Drug Screen
 - Return to Duty Urine Drug Screen
 - Follow-up Urine Drug Screen
 - Breath Alcohol Test (BAT)

Walk-in Services (UNLESS OTHERWISE NOTED):

Immunizations

- Hepatitis A **(Appt. only)**: Vaccine Immunity Titer
- Hepatitis B:
 - Vaccine (please list any known injection history below)
 Date #1: _____
 Date #2: _____
 Date #3: _____
 - Immunity Titer (please list any injection history above)
 - Yes, I received injections, see dates above
 - Yes, I received injections, but don't know dates
 - No, I have never received Hepatitis B injections
- TB (Tuberculosis) Screening: Step 1 Step 2 (within 1 year of Step 1)
- TB X-ray: 1 View Chest X-Ray with Nurse Consult (recommended)
 2 View Chest X-Ray
- TD Vaccine (Tetanus/Diphtheria)
- TDAP Vaccine (Tetanus/Diphtheria/Pertussis)
- Other Immunization (s) _____

Service by appointment ONLY:

- Respiratory** (Required forms on the internet, see web address in box below)
- Bronchodilator (if possible, bring personal inhaler): Pre Post
 - Respiratory Document Review
 - Respirator Fit Test (must be clean shaven same day as appointment)
 - Spirometry (lung function. Avoid coffee/tea, smoking prior)
- Sensory**
- Audiometry (hearing. Clean ears prior to appt. to avoid delayed service)
 - Titmus (visual acuity)
- Physicals** (Please wear work attire to fit job duties performed)
- DOT - Dept. of Transportation or DOE - Dept. of Education Physical:
 - New certificate Recertification
 - Annual Physical
 - Basic Pre-Placement Physical
 - Police/Corrections/Parole/Probation Physical (DPSST Form F-2)
 - Physical Demands Test (please list job title if multiple PDT's on file)
 Job Title: _____
 - Return-to-Work / Fit For Duty Physical
- (No-shows for all appointment services will be charged a no-show fee)**
- Other Service(s) _____

Special instructions or request: