

Legacy Business Health Services

LOCATION: 1475 Mt. Hood Ave., Suite 130, Woodburn, OR 97071

CLINIC HOURS: Monday-Friday, 8:00 am - 4:30 pm

PHONE: 971-983-5340

EMAIL: bhs@lhs.org

FAX: 971-983-5343

WEB: legacyhealth.org/bhs

Service Request Form

Driving directions on separate page.

PATIENTS: PLEASE BRING PHOTO ID. Go to Legacy Woodburn Health Center's main doors. Once inside, you can find our clinic by following the walkway to the right. Go past the Patient Lounge, Woodburn Family Medicine and the restrooms, then to the left of the fountain to Suite 130 (on your right).

EMPLOYERS: PLEASE fill out this form COMPLETELY.

- Each employee must bring a newly completed Service Request Form to every visit. You may also email it or fax it (see info. above).
- Mid-afternoon drug screen patients need to arrive ready to provide a sample.
- Chain of Custody for drug screens must accompany employee or be on file with, or provided to, BHS clinic in advance.
- An appointment for all drug screens and breath alcohol testing is strongly encouraged to avoid long wait times.
- Post-Accident testing is only available during clinic hours.

Company: _____ Employer Approval: _____ Date: _____

Employee Name: _____ Employee DOB: _____ APPT Date: _____

Employee Phone: _____ Billing: Company (above), or TPA: _____

Drug screen type, designation and agency designation. Appointments HIGHLY recommended, but may walk in:

- Non-DOT **(Federal/DOT testing - must designate which agency)**
DOT: FMCSA FTA FAA FRA PHMSA USCG
- Pre-employment 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
 - Observed UDS (can be added to any UDS)
(REQUIRED for any DOT Return to Duty or Follow-Up)
 - New Contract Requirement Drug Screen
 - Breath Alcohol Test (BAT)

Walk-in Services (Please call ahead for vaccine availability):

- Hepatitis B:
 - 2 Dose Series
 - 3 Dose Series
 - Immunity Titer
- TB (Tuberculosis) Skin Test: Step 1 Step 2 (within 1 year of Step 1)
- TB Quantiferon Gold
- TD Vaccine (Tetanus/Diphtheria)
- TDAP Vaccine (Tetanus/Diphtheria/Pertussis)
- COVID Vaccine Brand: _____

Other Services, Special Instructions or Requests:

Please list:

Service by appointment ONLY (UNLESS OTHERWISE NOTED):

Respiratory (Required forms on the internet, see web address in box below)

- Respiratory OSHA Form Review* **(NO APPT. - SUBMIT DOCUMENTS)**
- Respirator Fit Test (must be clean shaven same day as appointment)
- Spirometry (lung function) (Avoid coffee/tea, smoking prior)
 - With Bronchodilator (bring personal inhaler)

Sensory

- Audiometry (hearing) (Clean ears to help avoid in-clinic cleaning at appt.)
- 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
- DPSST (Form F-2 or Form F-2T)
- Return-to-Work / Fit For Duty Physical
- Physical Demands Test (please list job title if multiple PDT's on file with us)

Job Title: _____

X-Rays

- TB X-ray: 1 View Chest X-Ray with Nurse Consult (recommended)
 - 2 View Chest X-Ray

(No-shows for ALL appointment services will be charged a no-show fee)

Urgent Care (for acute injured worker care such as fractures, lacerations, etc.):

**HOURS: Monday – Friday, 10 am - 6:30 pm
Saturday, 10 am - 3 pm**

- Urgent Care entrance is located at the East end of the building (far right of the main building entrance).
- BHS injured worker UDS/BAT available at the BHS clinic during BHS clinic hours.

*All BHS forms and instructions can be accessed and downloaded at: legacyhealth.org/bhs.

Simply scroll down to the menu listings under the map and click on 'Forms and Resources', then click on the file(s) you need. 12/23