



Occupational Health and Safety Services - County of Sonoma Referral Form

Please complete and fax this form to the clinic location where services are to be provided. To inquire about appointment availability or to change or cancel an appointment, please call the Occupational Health Clinic and ask for the OHSS service representative or a clinic staff member.

Kaiser Contact Phone: _____ Kaiser FAX: _____ Clinic Location: _____

Name of Department Contact for Results/Questions: _____ Date: _____

Dept. Contact Phone: _____ Department FAX: _____

Candidate/Employee Name: _____ Kaiser MR# _____

If Kaiser MR# not available, please provide the following:

Candidate/Employee Address: _____

Home/Cell Phone: _____ Work Phone: _____

SS# (last 4 digits only): _____ Date of Birth: _____ Gender: ___ Male ___ Female

Maiden Name (when applicable): _____

SERVICES REQUESTED

Table with 2 columns: Pre-Placement Services and Other. Pre-Placement Services includes Job Title, PPE Exam, PPE Type, Drug Screen, TB Screen, and ATD Screen. Other includes Respirator Clearance, HazMat, Bomb Squad, DMV Physical, PPD Annual, Audiogram, and Fitness for Duty.

Vaccinations

MMR Varivax Hep B Tdap Influenza Other

APPOINTMENT DETAILS

Comments/Additional Services Requested:
Preferred Date/Timeframe for Appt:
Appt Scheduled for: