



Department of Civil Service

Agency Request for Occupational/Mandatory Health Examinations

Reference # _____

EHS-699 (2/11)

(518) 233-3100 General Information

(518) 233-3131 Fax

PERSON REQUESTING EXAMINATION

Print Name: Signature: Title: Telephone #: Fax #

Agency Name and Address:

Agency Code Cost Center Division Preferred Service Location

Agency Payment Coordinator's Name & Address Telephone # E-mail Address

Do you authorize payment for any additional special tests ordered by doctor? Yes No

Name of Scheduling Person Telephone # E-mail Address

Exposures Exams For Respirator Type

PROCESSING REQUIREMENTS

FOR EACH REQUEST: Please provide the names and EHS account numbers for all employees using page 2 of this form.

SPECIAL SCHEDULING REQUIREMENTS

AM Only PM Only How many would you like scheduled each day?

EHS INTERNAL USE ONLY

To Be Seen: Services: B-Read CXR/Asbestos Qu. No. of Exams Notified

