ON-SITE SERVICE REQUEST

Phoebe Corporate Health

Please complete all applicable sections, select desired services, and fax to ***ATTN: Client Services | 229-312-9230*** *or* ***email to Robin Campbell at Rnutt@ppmh.org***

Company Name:	Today's Date:
Type of Industry:	
# of Employees Receiving Service:	Requested Date/Time of Service:
Site Address:	Contact Name:
	Phone:
	Email:
	On-site Contact: (if different from above)
City:	Phone:
State: Zip:	Email:
Parking information and detailed directions to building/work space. Include gate access instructions if applicable:	
Billing Address:	Billing Representative: (if different from above)
	Billing Rep Title:
	Phone:
City:	Fax:
State: Zip:	Email:

☐ **Physical Exams** Type of Exam: _____

- Do you have private rooms? ☐ Yes ☐ No
- Do you have restrooms nearby? ☐ Yes ☐ No
- Do you have a copy machine nearby? ☐ Yes ☐ No (provide 1 copy of each patient's driver license)

☐ **Flu-shots**

- Do you have privacy screens or private rooms nearby? ☐ Yes ☐ No
- Is WiFi available at your site? ☐ Yes ☐ No

☐ **Drug Screens** Type of Drug Screen: ☐ DOT ☐ Observed ☐ Non-DOT ☐ 10 Panel Collection ☐ 10 Panel Instant ☐ 5 Panel Collection ☐ 5 Panel Instant

- Do you have your own Urine Collection Cups? ☐ Yes ☐ No
- Do you have your own Chain of Custody Form? ☐ Yes ☐ No
- Do you have restrooms nearby? ☐ Yes ☐ No
- Do you have a place to secure personal belongings? ☐ Yes ☐ No (instruct your employees to bring ID only)
- Do you have a copy machine nearby? ☐ Yes ☐ No (provide 1 copy of each patient's driver license)

☐ **Biometric Screening**

- Do you have privacy screens or private rooms nearby? ☐ Yes ☐ No
- Do you have a copy machine nearby? ☐ Yes ☐ No (provide 1 copy of each patient's driver license)

☐ **Heartsaver® CPR AED** ☐ **Heartsaver® First Aid** ☐ **Heartsaver® Bloodborne Pathogen**

- Do you have enough seats and tables for your students ☐ Yes ☐ No
- Do you have a digital projector or large television? ☐ Yes ☐ No
- Do you have restrooms nearby? ☐ Yes ☐ No
- How many students are new to CPR (not re-certifications)? _____

☐ **Ergonomics Evaluation**

Form Revised 9/9/2016

2410 Sylvester Road
Albany, GA 31705

Send to Phoebe Corporate Health

Phone: 229-312-9220
Fax: 229-312-9205