

Section I: Enter Employee Information		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name (Optional)</i>
<i>Lincoln Laboratory ID Number</i>	<i>Building/Room Number</i>	<i>Work Phone</i>

Section II: Select All Requested Tests/Procedures	
Test/Procedure	What to Expect as an Employee
<input type="checkbox"/> Blood borne pathogens (Hepatitis B)	<i>Blood test</i>
<input type="checkbox"/> DOT Exams (full physical – hoisting, forklift, driving, Bobcat)	<i>Physical exam, vision exam, vitals, urine test, blood test (if needed)</i>
<input type="checkbox"/> Eye exams – Ophthalmology only	
<input type="checkbox"/> Complete	
<input type="checkbox"/> Laser	
<input type="checkbox"/> New employee screening	<i>Targeted assessment – blood test, vision exam, immunizations (if needed), allergy assessment</i>
<input type="checkbox"/> Tower Climber	
<input type="checkbox"/> Travel vaccines	<i>Injections</i>
<input type="checkbox"/> Itinerary	

Section III: Enter Group and Requester Information		
<i>Group Name</i>		
<i>Requester Name (Print)</i>	<i>Requester Title</i>	<i>Requester Phone</i>

I am authorized by Lincoln Laboratory and/or my Group to request occupational medicine tests/procedures for employees and/or prospective employees of Lincoln Laboratory and/or the Group. I affirm that the requested tests/procedures are related to the work of the employee and/or prospective.

Requester Signature *Date*

For MIT Medical Use Only		
<i>Date Received</i>	<i>Encounter Number</i>	<i>Cost Center (if applicable)</i>