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PRE-EMPLOYMENT REQUEST FOR LABORATORY TESTING

REPORT TO THE FOLLOWING LOCATION:

Name of Medical Facility:

Department Name:

Referral Date:

Cost Center (KMC Only):

Applicant's Name:

Date of Birth:

County Job Title:

SS# or Emp ID #:

Authorization for Pre-Employment Labs:

(Check all items that apply to your department)

Department Specific Labs	Date Ordered	Titer Level	Positive/Negative	Clearance Date	TB Read by: initials
☐ PPD (TB Skin Test)					
☐ Chest X-Ray (clears TB if positive)					
☐ Varicella					
☐ MMR					
☐ Rubella					
☐ HEP B Surface Antibody					
☐ HEP C Surface Antibody					
☐ Respirator Fit Test		Pass/Fail:	Size:	Manf:	
☐ Thyroid Panel					
☐ Stool for Occult Blood					
☐ Testosterone Levels					
☐ Skin Punch Biopsy					

☐ Check if previously employed by the County

Notes:

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