



Helena Occ Health  
1645 Vandelay Ave.  
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### State of Montana Medical Surveillance Examination Checklist for Services

<b>Date:</b>
<b>Name of Employee:</b>
<b>Name of Agency:</b>
<b>Date of Birth:</b>
<b>Telephone Number:</b>

*The three Medical Surveillance Exams listed below each include: Chest X-Rays, Urinalysis, CBC Panel, CMP Panel, Lipid Panel, Lead/ZPP, Heavy Metals, Spirometry, Respiratory FIT test, and Audiogram.*

*\*Check services required for the above named employee:*

1. Medical Surveillance Initial Exam
2. Medical Surveillance Annual Exam
3. Medical Surveillance Exit Exam

**\*If any of the Medical Surveillance boxes above have been checked, PROCEED NO FURTHER!**

*\*Check additional services required for the above named employee:*

Blood Lead Level

ZPP

CBC

Complete Metabolic Panel

Urinalysis

Chest X-Ray

Spirometry

Respiratory FIT Test

Quantitative  
**OR**  
Qualitative

Audiogram

Fitness For Duty Physical Examination

*Once completed, please forward this form with the services requested to The Workers' Compensation Management Bureau Program Manager, Rob Virts, at [Robert.Virts@mt.gov](mailto:Robert.Virts@mt.gov).*

*Name of person completing this form:*