

Navdeep Mathur, M.D.  
Medical Director  
Board Certified Internal Medicine

Mark P. Davis, M.D.  
Board Certified Emergency Medicine

# Virginia Urgent & Primary Care, LLC

# VUPC

Cameron S. Hoffman, FNP-BC  
Board Certified – Family Practice

Claudia Holsing  
Office Manager

Work Injuries: Monday-Friday 8 a.m. – 5:30 p.m.

**Drug Screens 8am – 4:45pm** / Physicals: Monday – Friday 8 a.m. – 5 p.m.

## **EMPLOYER INFORMATION**

(Informacion del Empleador)

COMPANY: \_\_\_\_\_ DATE: \_\_\_\_\_

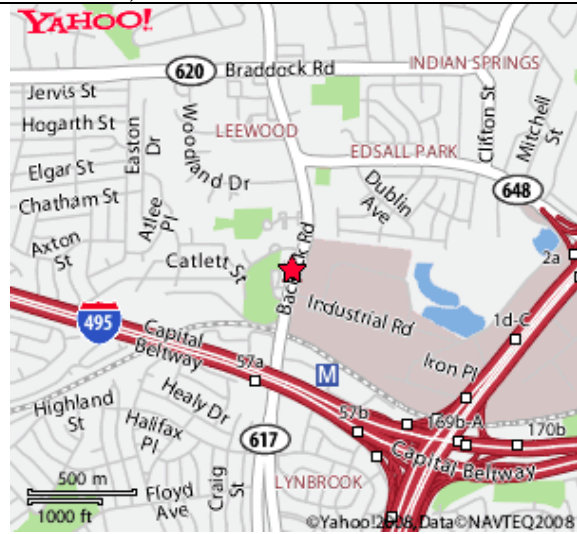
SUB ADDRESS: \_\_\_\_\_ SUPERVISOR NAME & PHONE#: \_\_\_\_\_

PICTURE ID SERVICES AUTHORIZED BY: \_\_\_\_\_  
 EMPLOYER CONFIRM ID

## **SERVICES**

(Please check the services needed)

- INJURY EVALUATION**
- DOT PHYSICALS**
  - WITH DOT DRUG TEST
  - WITHOUT DOT DRUG TEST
- OTHER PHYSICALS**
  - PRE-EMPLOYMENT
  - RESP/SPIR/PHYSICAL
  - OSHA QUESTIONNAIRE
  - OTHER \_\_\_\_\_
- DOT DRUG SCREEN**
  - POST ACCIDENT
  - PRE-EMPLOYMENT
  - RANDOM
  - REASONABLE SUSPICION
- NON-DOT DRUG SCREEN**
  - POST ACCIDENT
  - PRE-EMPLOYMENT
  - RANDOM
  - REASONABLE SUSPICION
  - RAPID DRUG SCREEN
- COLLECTION ONLY DRUG SCREEN
- MRO DR. DAVIS
- BREATH ALCOHOL TEST-DOT
- BREATH ALCOHOL TEST-NONDOT
- MISCELLANEOUS / VACCINES
  - TETANUS or TDAP (Circle one)
  - SPIROMETRY
  - TWINRIX (HepA&B)
  - OTHER FLU VACCINE



\*495 to Braddock Road East (2.6 miles) then right onto Backlick Road (.7 miles) to 5501 Backlick Road on the left.  
 \*395 to Edsall Road West then left onto Backlick Road (.3 miles) to 5501 Backlick Road on the left.

## **EMPLOYEE INFORMATION**

(Informacion del Empleado)

**EMPLOYEE NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(NOMBRE EMPLEADO) (FECHA DEL NACIMIENTO)

**ADDRESS:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
(DIRECCION)

**CELL PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_  
(CELULAR) (TELEFONO CASA) (TELEFONO TRABAJO)

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
(CONTACTO EN CASO DE EMERGENCIA) (TELEFONO)

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(FIRMA) (FECHA)

VUPC WITNESS/FRONT DESK INITIALS: \_\_\_\_\_