

## Demographic Worksheet- Drug Screens and Physicals

\_\_\_\_ Drug Screen    \_\_\_\_ DOT Physical    \_\_\_\_ Non-DOT Physical    \_\_\_\_ School Physical    \_\_\_\_ TB Test

\_\_\_\_ Breath Alcohol    \_\_\_\_ Physical

Name (Last name, First name, Middle name) \_\_\_\_\_

Apt# \_\_\_\_\_ Address \_\_\_\_\_

Zip Code \_\_\_\_\_ City & State \_\_\_\_\_

Sex (Circle one)    M    F                      Title (Circle one) Mr.    Mrs.    Ms.    Miss    Dr.    Jr.    Sr.    2<sup>nd</sup>    3<sup>rd</sup>

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Marital Status    S    M    D    Separated    Widowed

Date Of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Company Phone Number \_\_\_\_\_

Company Billing Email Address \_\_\_\_\_

Policies:

☐ I have read and understand the Monroe Medical Clinic policy letter for DOT Physicals.

Signature \_\_\_\_\_

Date \_\_\_\_\_