Referral for Medical Services
(Other than pre-employment exams)

Instruction:

1. **Complete form.**
2. **Send or email Referral form to the medical facility of your choice and set up an appointment. Be sure to notify employee of the date/time of the employment.**
3. **Employee is to arrive at the medical facility <u>30 minutes before</u> the appointment and present this form.**

Medical Facility: ☐ Kaiser, email to Occupational-Health@kp.org or fax to 510-752-6449
☐ ACMC, email to EmployeeHealth@acmedctr.org or fax to 510-346-7579

Appointment Date / Time: _____

Employee Name / Date of Birth: _____

Employee's Address / Phone #: _____

Agency/Dept. _____ Unit:_____

Job Classification: _____

Authorized By: _____ Date: _____
(Print or Type Name)

Phone #: _____

Fax Results To: _____ Fax #: _____

Services Available at both Kaiser and ACMC:

☐ Flu vaccine (§5199) ☐ Hep B vaccine ☐ MMR vaccine
☐ TB (PPD) test ☐ TDAP vaccine (§5199) ☐ Varicella vaccine
☐ Respirator health questionnaire only (§5144)

Service Available only at ACMC: ☐ Respirator fit testing (§5144)

Services Available only at Kaiser:

☐ Audiometry (§5097) ☐ Asbestos (§1529) ☐ Blood Lead / Zinc (§1532)
☐ DOT Medical Exam ☐ Polio Vaccine ☐ Rabies Vaccine

Other (please specify): _____

☐ For groups or on-site services, please fax referral to Risk Management along with the type of service, names of employees, and preferred dates.

§ Refers to Cal/OSHA regulation found in Title 8 of the California Code of Regulations

c: Risk Management Unit, Fax #: (510) 272-6815 (Rev. 11/26/12)