



Applicant/Employee Name _____ Date of Birth _____

Breath Alcohol Testing

Please choose one of each of the following:

- _____ Federal or DOT
- _____ Non-federal or non-DOT

AND

- _____ Random
- _____ Pre-employment
- _____ Post-accident
- _____ Reasonable suspicion

Urine Drug Testing

Please choose one of each of the following:

- _____ DOT
- _____ non-DOT
- _____ In-office pre-employment

AND

- _____ Random
- _____ Pre-employment
- _____ Post-accident
- _____ Reasonable suspicion

Physical Examination

- _____ Pre-employment
- _____ CDL
- _____ Injury evaluation
- _____ Follow-up

Immunizations (please list) _____

Employee supervisor to contact with any questions:

Bernadette Pham, Asst Dir of Benefits 717-245-1042 or 717-245-1503

Name and Title

Phone Number

Carlisle

1175 Walnut Bottom Road
Carlisle, PA 17015
717-258-WELL (9355)

Mechanicsburg

6481 Carlisle Pike
Mechanicsburg, PA 17050
717-796-WELL (9355)