

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: A2958
Code assigned by DOJType of Application: Employment / Volunteer

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

Christian Brothers High School

Agency authorized to receive criminal history information

06820

Mail Code (five-digit code assigned by DOJ)

4315 Martin Luther King, Jr. Blvd

Street No.

Street or PO Box

Human Resources - Ceron Cherry

Contact Name (Mandatory for all school submissions)

Sacramento CA 95820

City

State

Zip Code

(916) 733-3631

Contact Telephone No.

Applicants to Fill Out Only the Section Below

Name of Applicant:

(Please Print)

Last

First

MI

Driver's License No: _____

Date of Birth: _____

Sex
Male ☐ Female ☐Misc. No. BIL - 142791

Agency Billing Number

Height: _____

Weight: _____

Home Address: _____

Eye Color: _____

Hair Color: _____

Street No. _____ Street Name or PO Box _____

City _____ State _____ Zip _____

Social Security Number: _____

Below Section To be Filled Out by LiveScan Technician

Your Number: _____
OCA No. (Agency Identifying No.)

DOJ



No.of Hard Cards

Level of Service: ☒

FBI



Photo

If resubmission, list original ATI

Number: _____



Child Index



FireArms

Live Scan Transaction Completed By: _____

Name of Operator _____

LSID # _____

Date _____

Capital LiveScan

(877) 888-8802

ATI No: _____

DOJ Status Check Line:
(916) 227-4557 Available 24/7**Capitallivescan Sales Receipt**

Amount Collected:\$ _____ Billed _____

Debit Credit Cash Billed

Walk In Service Available At:

Types of PaymentsBilling Accounts
Cash
Credit/Debit Cards**Capital LiveScan**5706 Broadway
Sacramento, Ca. 95820
(916) 456-5260HoursM-F (9am-6pm)
Saturday (10:00am to 2pm)**(Mobile Service for 10 or more Call 877-888-8802)**

Concentra – TB Testing

Sacramento - Downtown

1.2 Miles

1675 Alhambra Blvd.

Sacramento, CA 95816-7047

Get Directions

 **CURRENTLY OPEN**

Phone: 916.451.4580

Fax: 916.451.3119

Clinic Details



(Patient must present Authorization and Photo ID at the time of service.)

Authorization for Examination or Treatment

Patient Name: _____ Social Security Number: _____

Employer: Christian Brothers High School Date of Birth: _____

Street Address: 4315 Martin Luther King Jr. Blvd.
Sacramento, CA. 95820 Location Number: _____

Temporary Staffing Agency: na

Work Related

☐ Injury ☐ Illness

Date of Injury _____

Substance Abuse Testing[★] (check all that apply)

☐ Regulated drug screen ☐ Breath alcohol

☐ Collection only ☐ Hair collect

☐ Non-regulated drug screen ☐ Rapid drug screen

☐ Other _____

Type of Substance Abuse Testing

☐ Preplacement ☐ Reasonable cause

☐ Post-accident ☐ Random

☐ Follow-up

Special instructions/comments:

Authorized by: Carol Rians

Phone: 916 733-3639 Please print

Physical Examination

☐ Preplacement ☐ Baseline ☐ Annual ☐ Exit

DOT Physical Examination

☐ Preplacement ☐ Recertification

Special Examination

☐ Asbestos ☐ Respirator ☐ Audiogram

☐ Human Performance Evaluation[★]

☐ HAZMAT ☐ Medical Surveillance

☒ Other TB Testing

Billing (check if applicable)

☐ Employee to pay charges

★ Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Title: Benefits, Payroll & HR Coordinator

Date _____

Concentra now offers urgent care services for non-work related illness and injury. We accept many insurance plans.

(Copies of this form are available at www.concentra.com)



Employer Services Patient Information

About You

Reason for Today's Visit

☐ Injury care ☐ Physical exam ☐ DOT (CDL) certification ☐ Drug screen ☒ Other: TB Testing

Social security number or Military DBN: _____ Date of birth (MM/DD/YYYY): _____

Last name: _____ First name: _____ Middle initial: _____

Address: _____ Apartment number: _____ City: _____ State: _____ ZIP: _____

Home phone: _____ Work phone: _____ Cell phone: _____

☐ Male ☐ Female ☐ Single ☐ Married

Email address: _____ Concentra may send a detailed email: ☐ Yes ☐ No

For security of your records, all emails containing protected health information (PHI) are sent encrypted.

About Your Employer

Employer Requesting Services

Company name: Christian Brothers High School Location/store number: _____

Address: 4315 Martin Luther King Jr Blvd Suite number: _____ City: Sacramento State: CA ZIP: 95820

Is your employment arranged through a temporary hire agency? ☐ Yes ☒ No

Name of agency: na Agency phone: _____

Notice of Privacy Practices

Your name and signature below indicates that you have been made aware of Concentra's Notice of Privacy Practices (NOPP) on the date indicated. You understand that the NOPP is posted in the center and a copy will be provided to you if you request it. If this is your first date of service with Concentra, please indicate this to the front desk receptionist and he/she will provide you a copy of the NOPP. If you have any questions regarding the information in Concentra's Notice of Privacy Practices, contact Concentra's Privacy Office at 800-819-5571 or privacyoffice@concentra.com.

Name: (please print) _____ Date notice received: _____

Signature: _____ Date: _____

Consent

(If you are ONLY here for a Department of Transportation drug screen or breath alcohol test, skip this section. For all other services, please complete.)

The information provided is correct to the best of my knowledge. I will not hold Concentra, its health provider, or its employees responsible for any errors or omissions that I may have made in completing the information on this form.

Signature: _____ Date: _____

I give permission to Concentra to perform the following services that the physicians and other non-physician providers and assistants may deem to be necessary: (a) medical, surgical, and diagnostic (e.g., including but not limited to x-rays, blood draws, and laboratory tests) processes, treatments, and procedures; (b) administration of injections, medications, and immunizations (with immunizations to occur after my receipt of any applicable vaccine information statements ("VIS" or "VISs")); and (c) completion of medically appropriate tests for communicable and other diseases.

Signature: _____ Date: _____