

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: A2958
Code assigned by DOJ

Type 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

Jeremy Edwards - CFO

Contact Name (Mandatory for all school submissions)

Sacramento CA 95820

City State Zip Code

(916) 733-3636

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: _____ DOJ No.of Hard Cards
OCA No. (Agency Identifying No.)

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

Capital Livescan Sales Receipt

Amount Collected:\$ Billed

Debit Credit Cash Billed

Walk In Service Available At:

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



(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: _____