

**COLORADO DEPARTMENT OF TRANSPORTATION  
MEDICAL EXAM REFERRAL**

**CDOT CONTACT INFORMATION**

EMPLOYER CONTACT NAME:

REGION / SECTION:

REQUEST DATE:

PHONE:

EMAIL:

ADDITIONAL COMMENTS OR NOTES, i.e. preferred clinic, specific date(s)/weekday(s), etc.

**APPLICANT / INCUMBENT INFORMATION**

NAME (LAST, FIRST, MI):

ADDRESS:

CITY:

STATE:

SAP PRN#:

DATE OF BIRTH:

DRIVER'S LICENSE NUMBER:

PRIMARY PHONE NUMBER:

ALTERNATE PHONE NUMBER:

**APPLICANT / INCUMBENT - MEDICAL INFORMATION RELEASE**

I understand that information about my fitness and ability to perform this job discovered during the examination may be reported to the Colorado Department of Transportation. I understand that refusing to sign below may result in the withdrawal of a conditional offer of employment, or if I am a current CDOT employee may result in personnel action.

APPLICANT / INCUMBENT SIGNATURE:

DATE:

\*Please bring any additional or necessary information with you to the exam, i.e. sleep apnea data, blood pressure data, etc.

**REFERRAL VENDOR AND BILLING INFORMATION**

**CHOOSE ONE GL CODE FOR BILLING**

VENDOR NAME Occu-Med Ltd.

GL 4271000030 DOT MEDICAL EXAMS N

VENDOR ID 1107102

GL 4271000040 PHYSICAL AGILITY EXAMS N

**REFERRAL TYPE**

**EXAM TYPE (CHOOSE ALL THAT APPLY)**

JOB POSITION CLASSIFICATION:

Pre-Employment Drug Testing  
(Schedule appointment only include 1200)

TUNNEL EMERGENCY RESPONDER:

YES  NO

Physical Agility Testing

POSITIONS REQUIRING RESPIRATOR TESTING:

- TMs with emergency responder tasks (tunnels)
- Vehicle-based Sweeping
- Special Crews (Bridge)
- Grinding lead objects and lead-based paints
- Welding on stainless steel

DOT Medical Examination

Audiometric Testing (New Hire Only)

OSHA Respirator with Pulmonary Function Test (PFT)  
(Only for positions requiring Respirator Testing)

**OSHA RESPIRATOR**

Can this individual wear a NIOSH approved respirator?  YES  NO  NA

SIGNATURE by a Physician or other Professional Licensed Health Care Provider (PLHCP):

DATE:

Email Referral Form 1201 to: [scheduling@occu-med.com](mailto:scheduling@occu-med.com) or Secure Fax: (800) 262-2863.  
Please direct any questions regarding the scheduling of this referral to (559) 435-2800.