

**CONSENT FOR MEDICAL CARE**

The following care may be provided to you by Near-Site. Please review and sign if you agree to receive all health services, labs, diagnostic testing, examinations and consultations as performed by Near-Site Medical Staff.

- Evaluation and treatment of work related injuries/illnesses
- Evaluation and treatment of non-work related injuries and illnesses within the scope of care of the SLAC Medical Department.
- Obtainment of medical and occupational history
- Review of all systems and laboratory results by qualified provider: MD, PA, NP, RN
- Dispensing of over-the-counter medication. i.e. Benadryl, Ibuprofen, Bacitracin, etc.
- Vaccinations, including but not limited to Tdap, Hepatitis B, Influenza, MMR (measles, mumps, rubella)
- Physical exams and diagnostic testing procedures, including (but not limited to) the following:
  - Audiogram
  - Blood glucose fingerstick
  - Blood pressure monitoring
  - Tuberculin / PPD Skin Testing
  - Phlebotomy, blood lab testing:
    - CBC (Complete blood count and differential)
      - WBC – white blood cells: Indicates presence of infection or inflammation in the body
      - RBC – red blood cells: If low may indicate anemia
      - Hgb and Hct - hemoglobin and hematocrit: Used to test for anemia
      - MCV- mean corpuscular volume: Used to test for anemia and indicates size of red blood cells.
      - MCH- mean corpuscular hemoglobin: Used to test for anemia
      - RDW- red blood cell distribution width
      - Platelets: Released from bone marrow and used for normal hemostasis and blood clotting
    - CHEM PANEL
      - Sodium, Potassium, Calcium – electrolytes
      - BUN and Creatinine – measurements of kidney function
      - Glucose – measurement of blood sugar
      - ALT, AST, and Alkaline Phosphatase – measurements of liver function
      - Cholesterol, LDL (Low Density Lipoprotein), HDL (High Density Lipoprotein) and Triglycerides – blood lipids
      - Albumin – measurement of liver and kidney function
    - ADDITIONAL TESTING
      - Prostatic- Specific Antigen (PSA) – tests for prostate inflammation
      - Blood lead testing
  - Electrocardiogram
  - Hemocult testing
  - Visual acuity testing
  - Respiratory panel screening
  - Pulmonary Function Testing
  - Urinalysis
  - Color vision testing

I, the undersigned, consent to the provision of medical services and procedures by Mobile-Med. I have been apprised of and understand the risks and consent.

Employee Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Ext: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_