CITYMD URGENT CARE

Request For Medical Services

Occupational Medicine

Patient's Name: _____ **DOB:** _____/_____/_____
First Last Month Day Year

Address: _____
Street Address Apartment Number

_____
City State Zip Code

Company Name: Teamsters Local 804

Comments: DOT PHYSICAL EXAM FOR ACTIVE ELIGIBLE FULL-TIME DRIVERS ONLY

OCCUPATIONAL MEDICINE SERVICES

Exams:

☑ DOT Physical

To confirm your preferred CITYMD location has a DOT Medical Examiner on-site, please call 866. MY-CITYMD Monday-Friday or contact CITYMD location