

Resource for Background Checks & Drug Screens For All Students

MEDICAL SITE REQUIREMENTS NATIONAL OCCUPATIONAL HEALTH SERVICES INSTRUCTIONS FOR MEETING SITE REQUIREMENTS

Thank you for the opportunity to provide services for you and OU Tulsa.

Please see the attached NBR Release Form and the Medical Release Form that the students will need to complete in full.

After they have completed the forms, they may either email them to Amber at ademarco@nohs.com or fax them to her attention at 918.794.4778.

After we have received payment in full and the drug test has been completed, Amber will then email the reports to the hospital contacts for their records.

Should the student want a copy for their records, Amber will email the reports to them as well.

Please let me know if you have any questions or need additional information.

Thank you!

Brad Petty
National Occupational Health Services
National Background Reporting
6848 East 41st Street
Tulsa, OK 74145
Voice 918.794.4777
Fax 918.794.4778

www.nohs.com
www.nationalbackgroundreporting.com

National Occupational Health Services
6732 East 41st Street
Tulsa, OK 74145
Voice 918-794-4777 Fax 918-794-4778

Release for Patient Medical Records

I _____, authorize National Occupational Health Services to release my medical records to me personally or to the person/ persons listed below, and understand that I am responsible for the retention of these records. Upon signing this release, I waive all provisions of the law which otherwise prevents the disclosure of medical records and release National Occupational Health Services from any liability therewith. I understand that I accept full responsibility for the security and confidentiality of said medical records to be mailed and/or faxed, to the address and/or fax number below.

Name: _____

Address: _____

Fax Number: _____

Patient Signature: _____ Date: _____

_ Witness Signature: _____ Date: _



NATIONAL OCCUPATIONAL HEALTH SERVICES (NOHS)

6732 E. 41st St.

Tulsa, OK 74145

(918)794-4777 Voice (918)794-4778 Fax

AUTHORIZATION FOR EXAMINATION AND TESTING

PHOTO ID IS REQUIRED AT TIME OF SERVICE

PATIENT NAME: _____ DOB: _____ SSN: _____

COMPANY NAME: _____

ADDRESS: _____

RESPONSIBLE PARTY: COMPANY _____ EMPLOYEE _____ OTHER : National Occupational Health

SERVICE REQUESTED
PLEASE CHECK ALL THAT APPLY

REASON:

PRE-EMPLOYMENT

RANDOM

RETURN TO DUTY

REASONABLE SUSPICION/CAUSE

POST ACCIDENT

FOLLOW UP

PERIODIC

OTHER (SPECIFY) _____

RECERTIFICATION

SUBSTANCE ABUSE TESTING:

PHYSICALS:

OTHER TESTING:

URINE DRUG SCREEN

DOT PHYSICAL

AUDIOMETRIC

____ 5 PANEL LAB, NOHS

BASIC PHYSICAL

PULMONARY FUNTION TEST

10 PANEL LAB, NOHS

COMPREHENSIVE

RESPIRATOR QUESTIONNAIRE

10 PANEL LAB W/EXP. OPIATES

INDUSTRIAL

RESPIRATOR FIT TEST

DOT DRUG SCREEN

PRE-EMP. WORK EXAM

FULL FACE

5 PANEL RAPID

LIFTTEST

HALF FACE

10 PANEL RAPID

lbs.

TYPE:(SPECIFY) _____

10 PANEL RAPID W/EXP. OPIATES

BLOOD DRAW _____

HAIR DRUG SCREEN

INJURY CARE

TESTING FOR: _____

5 OR 10 PANEL (CIRCLE ONE)

VACCINATION

EXPANDED OPIATES

EMERGE EFA TEST

TYPE:(SPECIFY) _____

BREATH ALCOHOL TEST

BACKGROUND CHECK

VISION

DOT

TYPE:(SPECIFY) _____

NON-DOT

SPECIAL REQUEST/OTHER PROCEDURES

Authorized by: _____ Title: _____

Phone: _____ Date: _____ 02.10.2017



NOHS Medical Clinic NEW ADDRESS !!

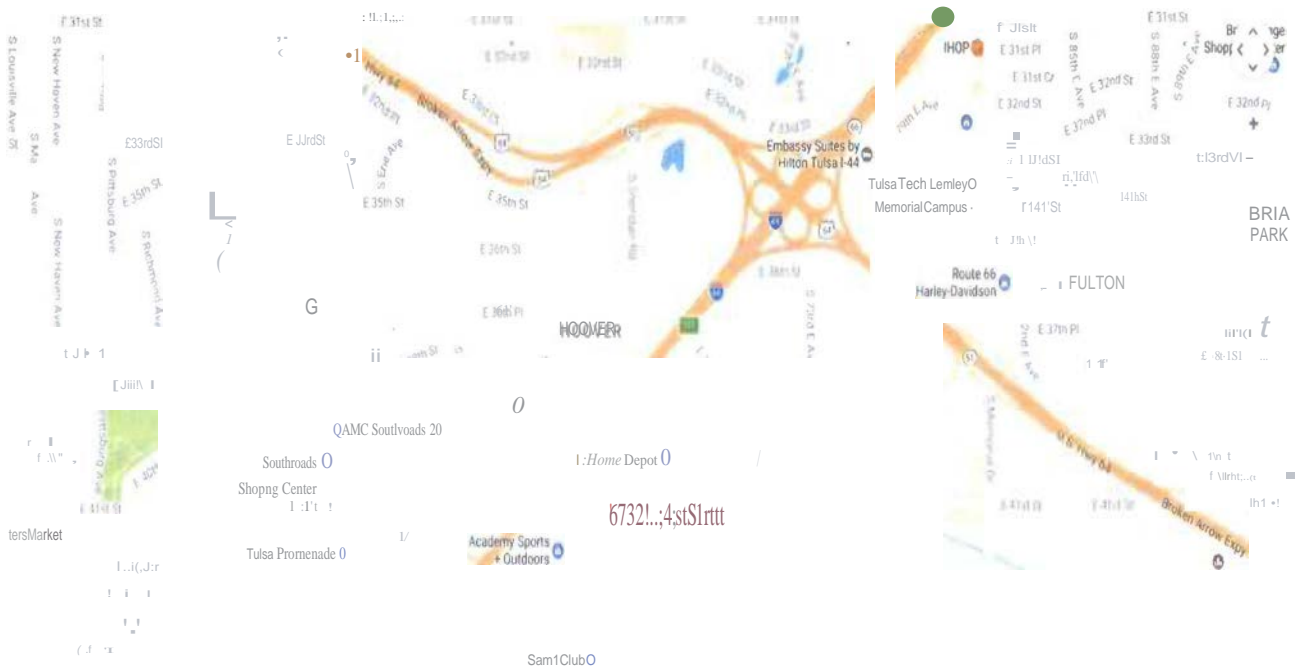
6732 E. 41st St., Tulsa, OK 74145
918.794.4777 www.nohs.com

Monday - Friday SAM-6PM

Occupational medical clinic providing services for the employer with injury care, x-ray, physical exams, drug & alcohol testing, hearing, vision, respiratory, vaccinations and lab work. DOT & OSHA testing & services.

Walk-in clinic, no appointment needed!

Easy access to the expressway system and very easy to find.....



BACKGROUND SCREENING RELEASE & AUTHORIZATION FORM

In connection with my application for employment (including contract for services or volunteer services) or tenancy with _____ (**Company Name**), consumer reports will be requested. These consumer reports (investigative consumer reports in California) may include, as applicable, the following types of information: names and dates of previous employers/landlords, salary, work/tenant experience, education, accidents, licensure, credit (except California), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, evictions, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

In addition, investigative consumer reports as defined by the federal Fair Credit Reporting Act, gathered from personal interviews with former employers/landlords and other past or current associates of mine to gather information regarding my work/tenant performance, character, general reputation, personal characteristics and lifestyle may be obtained.

I have the right to make a request to the consumer reporting agency: National Background Reporting 6732 E 415th St, Tulsa, OK 74145; Toll Free: 800-900-6647 Local: 918.794.4777 ("Agency"), upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any consumer report(s); and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). **hereby consent to your obtaining the above information from the agency.** You may view their privacy policy at their website: www.nationalbackgroundreporting.com.

I hereby authorize procurement of consumer report(s) and investigative consumer report(s), including the release of all criminal records. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

D California, Minnesota and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered on you.

Notice to California Applicants:

You have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (ETZ) Monday through Friday) to obtain all information in your file for your review. You may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. You can have someone accompany you to the Agency's offices. Agency may require this third party to present reasonable identification. You may be required at the time of such visit to sign an authorization for Agency to disclose to or discuss your information with this third party; 2) By certified mail, if you have previously provided identification in a written request that your file be sent to you or to a third party identified by you; 3) By telephone, if you have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in your file to you and if the file contains any information that is coded, such will be explained to you.

Notice to New York Applicants:

For consumers applying for work in New York: I acknowledge receiving a copy of Article 23-A of the New York Correction Law.

_____(Initials)

I acknowledge that I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

Please Print Clearly

FIRST NAME	MIDDLE NAME	LAST NAME
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yyyy)	PLEASE CHECK ONE
		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>

Alias/Maiden/Previous Name(s) Use the back of this form if more space is needed.

FIRST NAME	MIDDLE NAME	LAST NAME	YEARS USED

List all addresses, ~~not~~ *include* current address, or the last 7 years. Use the back of this form if more space is needed.

ADDRESS, CITY and STATE	ZIP CODE	COUNTY	DATE FROM	DATE TO

Complete if applying for a position that may involve driving a motor vehicle.

DRIVERS LICENSE NUMBER	STATE ISSUED	EXPIRATION DATE

EMAIL ADDRESS (If you wish to be contacted this way)

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APPLICANT SIGNATURE :

DATE: _____

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N. W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed

or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to Surface Transportation Board

5. Creditors Subject to Packers and Stockyards Act, 1921

6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

CONTACT:

a. Consumer Financial Protection Bureau
1700 G Street NW
Washington, DC 20552

b. Federal Trade Commission: Consumer Response Center - FCRA
Washington, DC 20580
(877) 382-4357

a. Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050

b. Federal Reserve Consumer Help Center
P.O. Box 1200
Minneapolis, MN 55480

c. FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106

d. National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street
Alexandria, VA 22314

Asst. General Counsel for Aviation Enforcement & Proceedings
Aviation Consumer Protection Division
Department of Transportation
1200 New Jersey Avenue, SE
Washington, DC 20590
Office of Proceedings, Surface Transportation Board
Department of Transportation
395 E Street S.W.
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor

Associate Deputy Administrator for Capital Access
United States Small Business Administration
409 Third Street, SW, 8th Floor
Washington, DC 20416

Securities and Exchange Commission
100 F St NE
Washington, DC 20549

Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090

FTC Regional Office for region in which the creditor operates or
Federal Trade Commission: Consumer Response Center - FCRA
Washington, DC 20580
(877) 382-4357