



37 Breed St Traralgon 3844
 Phone: 5176 1933 Fax: 5174 6165

Request for information required for booking

MEDICAL EXAMINATIONS

Please complete this form and **FAX to 5174 6165** OR **EMAIL reception@breedstclinic.com.au**

Company name: _____ **Date:** ____ / ____ / ____

Address: _____

Company Phone: _____ **Fax number:** _____

Contact person: _____

Name of person attending medical examination: _____

Date of Birth: ____ / ____ / ____ **His / Her Mobile number:** _____

Preferred time and date for examination: ____ / ____ / ____ am or pm

*Please tick **ANY** or **ALL** of the boxes below for your company's requirements:*

NOTE: Breed St Clinic DOES NOT perform audiometric testing.

ROUTINE MEDICAL

Plus (tick required)

URINE DRUG SCREEN: Two Options please choose one

Option 1: In **Clinic** at time of medical with Registered Nurse

Option 2: Performed at **Pathology** requiring request form from GP

ALCOHOL TESTING: Two Options please choose one

Option 1: In **Clinic** at time of medical with Reg. Nurse using Calibrated Alcolizer.

Option 2: Performed at **Pathology** requiring request form from GP

Spirometry (Lung Function Test)

ECG

Other _____

Do you have specific documentation for your Company? YES or NO

(Please attach with this form and return by fax 51746165 or email e-mail to reception@breedstclinic.com.au)

Please advise address where *invoice* is to be sent:

How do you require medical examination results to be returned?

Posted :Address: _____

Faxed :No: _____

⚠ Medical Examination Results CAN NOT be emailed due to Privacy requirements

⚠ To ensure your Medical Examination is completed to your company's requirements, please complete all fields fully and attach any additional information.

⚠ Fees may be charged for missed appointments, please advise if your candidate / employee is unable to attend at least 24 hours prior to appointment by calling the clinic on 5176 1933.