Evans Urgent Care | Dr. Brett K. Wallentine, MD | 800 Oakhurst Drive Evans, GA 30809 | (706)364-5500

OCCUPATIONAL HEALTH PATIENT INFORMATION

Today's Date: ____/____/____

_____ _____ _____ _____
First Name MI Last Name Prefer to be called (Nickname)

_____ _____ _____ _____
Street City State ZIP

(_____) _____-_____ (_____) _____-_____ (_____) _____-_____
Home Telephone Work Telephone Cell Phone

_____/_____/_____ M F _____-_____-_____
Birthday Gender SSN

Please check one: ☐Married ☐Single ☐Divorced ☐Widowed ☐Legally Separated

Race: ☐Asian ☐Black/African American ☐Native American ☐White ☐Prefer Not to Answer

Driver's License #: _____ State: _____

Current Employer: _____ Occupation: _____

Current Employer Phone Number: (_____) _____-_____

Do you have Diabetes? ☐ Yes ☐ No (If you are on insulin you will need a waiver)

Do you have High Blood Pressure? ☐ Yes ☐ No (If yes then DOT certification is for 1 year only)

Responsible Company or Person Authorizing Visit

Company Name: _____

Contact Person: _____

Company Address: _____

_____

_____

Company Phone Number: (_____) _____-_____