



## Referral for Medical Services (Other than pre-employment exams)

### Instruction:

1. Complete form.
2. Send or email Referral form to the medical facility of your choice and set up an appointment. Be sure to notify employee of the date/time of the employment.
3. Employee is to arrive at the medical facility **30 minutes before** the appointment and present this form.

Medical Facility:  Kaiser, email to [Occupational-Health@kp.org](mailto:Occupational-Health@kp.org) or fax to 510-752-6449  
 Alameda Health System-Employee Health Services (AHS-EHS), email to [EmployeeHealth@alamedahealthsystem.org](mailto:EmployeeHealth@alamedahealthsystem.org) or fax to 510-346-7579

Appointment Date / Time: \_\_\_\_\_

Employee Name / Date of Birth: \_\_\_\_\_

Employee's Address / Phone #: \_\_\_\_\_

Agency/Dept. \_\_\_\_\_ Unit: \_\_\_\_\_

Job Classification: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

(Print or Type Name)

Phone #: \_\_\_\_\_

Fax Results To: \_\_\_\_\_ Fax #: \_\_\_\_\_

### Services Available at both Kaiser and AHS-EHS:

\_\_\_ Flu vaccine (§5199)                      \_\_\_ Hep B vaccine                      \_\_\_ MMR vaccine  
\_\_\_ TB (PPD) test                      \_\_\_ TDAP vaccine (§5199)                      \_\_\_ Varicella vaccine  
\_\_\_ Respirator health questionnaire only (§5144)

**Service Available only at AHS-EHS:** \_\_\_ Respirator fit testing (§5144)

### Services Available only at Kaiser:

\_\_\_ Audiometry (§5097)                      \_\_\_ Asbestos (§1529)                      \_\_\_ Blood Lead / Zinc (§1532)  
\_\_\_ DOT Medical Exam                      \_\_\_ Polio Vaccine                      \_\_\_ Rabies Vaccine

Other (please specify): \_\_\_\_\_

For groups or on-site services, please fax referral to Risk Management along with the type of service, names of employees, and preferred dates.

§ Refers to Cal/OSHA regulation found in Title 8 of the California Code of Regulations

CC: Risk Management Unit, Fax #: (510) 272-6815

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