

Plumas County Public Health Agency

Employee Health Screening Billing Authorization Form

To be completed by employee :

Name: _____
Last First Middle

Sex: _____ Date of Birth: _____ Mailing Address: _____

Physical Address: _____ Home Phone: _____

Social Security Number: _____ Employer: _____ Work Phone: _____

County Agency/Department: _____

Employee Signature: _____ Date: _____

COUNTY/AGENCY DATA

To be completed by supervisor :

Department Number: _____ Agency: _____ Bill Code: _____ Job Category: _____

Department Name: _____ Job Description: _____

Supervisor: _____ Work Location: _____

Animal Control: _____ Hazardous Materials: _____ Other: _____

Authorized By: _____ Date: _____

To be completed by HR:

REASON FOR SERVICE: New Employee Employee Number: _____

Scheduled Appointment Date: _____ Time: _____

Comments: _____

