

Hawaii Region KAISER ON-THE-JOB[®] EMPLOYER REFERRAL FORM

PROCEED TO URGENT CARE OR EMERGENCY CARE IF THE OCCUPATIONAL HEALTH SERVICES (OHS) CLINIC IS CLOSED.

Please **print** with a black pen.

Date: _____

Employee name: _____

Date of birth: _____ Gender: ☐ M ☐ F Social Security number: _____

Job title: _____

Employer: _____

Workers' compensation insurance carrier (if appropriate): _____

Employer contact name: _____

Title: _____

Phone number: _____

Fax number: _____

E-mail address: _____

Place a **check mark** next to the services you are requesting.

INDUSTRIAL INJURY*

Modified duty available: ☐ Yes ☐ No Third-party liability: ☐ Yes ☐ No Date of injury: _____

PHYSICAL EXAMINATION

- ☐ Post-offer*
- ☐ Periodic
- ☐ Return-to-work evaluation*
- ☐ Annual
- ☐ Crane and hoist
- ☐ Coast Guard
- ☐ CDL/PUC
- ☐ Dive
- ☐ Respirator[†]
- ☐ Asbestos[†]
- ☐ Other (describe): _____

SUBSTANCE ABUSE TESTING

TYPE

- ☐ Panel 5
 - ☐ Federal ☐ Non-federal
- ☐ Panel 10
 - ☐ Non-federal
- ☐ Urine specimen collection

REASON

- ☐ Preplacement
- ☐ Random
- ☐ Postaccident
- ☐ Reasonable suspicion or cause
- ☐ Return to duty
- ☐ Follow-up

IMMUNIZATION

- ☐ Hepatitis B
 - Series: ☐ 1 ☐ 2 ☐ 3
- ☐ Hepatitis A
 - Series: ☐ 1 ☐ 2
- ☐ Hepatitis A and B/Twinrix
 - Series: ☐ 1 ☐ 2 ☐ 3
- ☐ Influenza
- ☐ Tetanus
- ☐ Tuberculosis testing (PPD)
- ☐ Other (describe): _____

* Attach job description

[†] Attach mandated OSHA questionnaire

COMMENTS: _____

- Don't forget...call one of our OHS clinics to schedule your appointment!
- See reverse side for clinic locations.
- File this document in the patient's OHS chart.

Please check the clinic location for employee visit:

- | | | |
|-----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Hilo | <input type="checkbox"/> Lahaina | <input type="checkbox"/> Wailuku |
| <input type="checkbox"/> Honolulu | <input type="checkbox"/> Maui Lani | <input type="checkbox"/> Waipio |
| <input type="checkbox"/> Kona | <input type="checkbox"/> Moanalua | |



KAISER PERMANENTE[®]

Hawaii Region KAISER ON-THE-JOB[®] EMPLOYER REFERRAL FORM

FOR MORE INFORMATION ABOUT KAISER ON-THE-JOB: OAHU (808) 432-2208; NEIGHBOR ISLANDS 1-888-683-2208 (TOLL FREE)

Oahu

HONOLULU CLINIC

1010 Pensacola St.
Honolulu, HI 96814

Occupational Health Services (2nd Floor):

Phone (808) 432-2200 Fax (808) 432-2214

Monday–Friday, 8 a.m.–5 p.m.; closed Saturday, Sunday,
and holidays

Urgent care (1st Floor):

8 a.m.–6 p.m., seven days a week; closed holidays

MOANALUA MEDICAL CENTER AND CLINIC

3288 Moanalua Road
Honolulu, HI 96819

After-hours care:

Monday–Saturday, 5–10 p.m.; Sunday and holidays,
8 a.m.–10 p.m.

Emergency care:

24 hours a day, seven days a week

WAIPIO CLINIC

94-1480 Moaniani St.
Waipahu, HI 96797

Occupational Health Services (1st Floor):

Phone (808) 432-3103 Fax (808) 432-3165

Monday–Friday, 8 a.m.–5 p.m.; closed Saturday, Sunday,
and holidays

Maui

WAILUKU CLINIC

80 Mahalani St.
Wailuku, HI 96793

Occupational Health Services:

Phone (808) 243-6453 Fax (808) 243-6454

Monday–Friday, 8 a.m.–4:30 p.m.; closed weekends
and holidays

MAUI LANI CLINIC

55 Maui Lani Parkway
Wailuku, HI 96793

After-hours/urgent care:

Monday–Friday, 5–8 p.m.; Saturday, noon–5 p.m.;
Sunday and holidays, 8 a.m.–5 p.m.; closed Christmas
Day and New Year's Day

LAHAINA CLINIC (ANNEX)

910 Wainee St.
Lahaina, HI 96761

Clinic (initial work injury visit only):

Phone (808) 662-6900 Fax (808) 662-6930

Monday–Friday, 8 a.m.–5 p.m.; closed weekends
and holidays

Hawaii

HILO CLINIC

1292 Waianuenue Ave.
Hilo, HI 96720

Occupational Health Services:

Phone (808) 934-4065 Fax (808) 934-4085

Monday, Tuesday, and Thursday,
8 a.m.–12:30 p.m. and 1:30–5 p.m.;
call for appointments on Wednesday and Friday;
closed weekends and holidays

KONA CLINIC

75-184 Hualalai Road
Kailua-Kona, HI 96740

Occupational Health Services:

Phone (808) 334-4415 Fax (808) 334-4418

Monday–Friday, 8 a.m.–12:30 p.m. and 1:30–5 p.m.;
closed weekends and holidays