

EXHIBIT B

**DOT PHYSICAL EXAMINATION FORM
(SAMPLE)**

FOR

**RFP NO. 2023-S-02
OCCUPATIONAL MEDICAL
SERVICES**

**CORPUS CHRISTI REGIONAL TRANSPORTATION AUTHORITY
HUMAN RESOURCE DEPARTMENT
FORM SA-7 (HR-27)**

DATE: _____ NAME: _____

HPE: _____ EMPLOYEE ID#: _____

FROM: Angelina Gaitan, Director of Human Resources _____
 JoAnna Serna, EEO/ADA Compliance Officer _____
 Ruby Saldana, Human Resources Specialist _____
 Veronica Gamboa, Human Resources Assistant _____

RE: Pre-Employment Physical, Agility Test and Drug & Alcohol Screening

AUTHORITY TEST CATEGORY		TYPE OF TEST		
<i>DOT</i>	<i>Non-DOT (RTA)</i>	Physical	HPE	Drug & Alcohol

You are hereby given notice to take a physical and agility examination and/or drug and alcohol screen at The Doctors' Center prior your employment with the CCRTA. You have until **(no later than)** to complete your physical requirement (non-compliance could subject you to disciplinary action). The physical may take up to 1½ hours to complete. Please be prepared to provide for a urinalysis and drug screen. In addition, you will be given the option for blood analysis. If you chose to want the blood analysis, please do not eat anything for eight hours prior to you arriving at The Doctors' Center. Should you refuse the blood analysis; the refusal will be noted in your chart and will be forfeited until your next DOT examination. If you cannot meet this time limit, you must contact the Human Resource Department and explain.

The clinic hours are: 8 am – 8 pm Monday through Friday; 8 am – 5 pm Saturday; Closed Sunday

OPTIONAL SERVICES (PLEASE CHECK WHAT SERVICES YOU DESIRE):

Complete Metabolic and Lipid Panel CBC PSA (male only) TB Test

**** DO NOT WRITE BELOW THIS LINE. FOR CLINIC USE ONLY ****

The designated clinic personnel must sign and record your time on this sheet

This CCRTA employee is here for **PRE-EMPLOYMENT requirements** as per established procedures between the CCRTA and The Doctors' Center. Your timely attention is appreciated. Please complete this form and return it to the employee. If you have any questions, please call the Human Resource Department at 361-903-3512/361-500-3118. Thank you!

DATE: _____ TIME ARRIVED: _____ TIME DEPARTED: _____

CLINIC REPRESENTATIVE SIGNATURE: _____

This form must be returned to the Human Resource Department. Thank you for your cooperation.