Occupational Medicine Associates

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Random Program Additions/Subtractions

Company Name:_____

Name of Employee's	SS or ID# Required	Add/Subtract	CDL or Non-CDL	Date of Pre-Employment test

Please note:

- **PER DOT REGULATIONS, AN EMPLOYEE CANNOT BE ADDED UNTIL THEY HAVE HAD A NEGATIVE PRE-EMPLOYMENT DRUG TEST.**
- DOT mandates that the employer is responsible for notifying Occupational Medicine Associates of any employee changes.
- If your company is on monthly "randoms", fax or email this back by the 20th of every month.
- If your company is on quarterly "randoms", fax or email this form by the 20th of December, March, June, and September.
- If you do not have any changes please indicate that and fax back.
- Please be sure to include employee's Social Security number or identification number.
- Questions? Contact Jenni at 509-455-5555 x224

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