



**FOUR STAR HEALTH & SAFETY**

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Date: \_\_\_\_\_ **REGISTRATION FORM**

Employee Last Name: \_\_\_\_\_ First: \_\_\_\_\_ SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_

DOB: \_\_\_\_\_ DL # / State: \_\_\_\_\_ Employee Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Non-Member/Member #: \_\_\_\_\_ PO/JOB#: \_\_\_\_\_ Self-Pay: \_\_\_\_ YES \_\_\_\_ NO

Check and/or Circle the appropriate Box(es)

**PLEASE FAX OR E-MAIL COMPLETED FORM**

Most Requested SAFETY TRAINING COURSES		HEALTH SERVICES	
<b>19AIRCA</b>	Accident Investigation / Root Cause	<b>PHYD</b>	DOT Physical
<b>19ASBAW</b>	Asbestos Awareness	<b>PHY</b>	Non-DOT Physical
<b>19ABSSP</b>	Basic Safety Spanish	<b>PHYFFD</b>	Fitness-for-Duty Physical
<b>19BENZEN</b>	Benzene Awareness	<b>PHYM</b>	Mariner Physical
<b>19BLDPA</b>	Bloodborne Pathogens	<b>DSDOT</b>	DOT Drug Screen*: 5-Panel or 9-Panel
<b>19CS</b>	Confined Space	<b>DS</b>	Non-DOT Drug Screen*: 5-Panel or 10-Panel
<b>19DFSSV</b>	Defensive Driving Safety	<b>DSNOW</b>	Drug Screen – Immediate 5-Panel 10-Panel
<b>19ELSA</b>	Electrical Safety	<b>HAIR</b>	Drug Screen – Hair – Panel: 5 or 5 w/ EO**
<b>19FALLP</b>	Fall Protection	<b>BATDOT</b>	DOT Breath Alcohol (in house)
<b>19FWATCH</b>	Fire Watch Attendant	<b>BAT</b>	Non-DOT Breath Alcohol (in house)
<b>19GHS</b>	GHS- Globally Harmonized System	<b>DSCOL</b>	Drug Screen Collection Only
<b>19PTOOL</b>	Hand Power Tool Safety	<b>PMQ</b>	PFT w/ Medical Questionnaire
<b>19H2S1</b>	Hydrogen Sulfide Awareness H2S	<b>RF</b>	Respirator Fit Test
<b>19CRVI</b>	Hexavalent Chromium VI	<b>LIFT</b>	Lift Test
<b>19WHAZCOM</b>	Hazard Communication	<b>GRIP</b>	Grip Test
<b>19LEADGA</b>	Lead Awareness	<b>ROM</b>	Range-of-Motion Testing
<b>19LOTO</b>	Lockout / Tagout	<b>AD</b>	Audiometric Testing
<b>MARSEC</b>	Marine Security	<b>ADM</b>	Audiometric Testing w/ Data Management
<b>19RESPRO</b>	Respiratory Protection	<b>UAIN</b>	Urinalysis (in house)
<b>19SA5</b>	Safety Awareness 5	<b>UAOUT</b>	Urinalysis (send out)
<b>19SCAFUS</b>	Scaffold User	<b>CBCDIF</b>	CBC w/ Reticulocytes
<b>19TRNCH</b>	Trenching & Shoring	<b>CBC</b>	CBC w/o Reticulocytes
<b>19WCB</b>	Welding Cutting and Brazing	<b>CHEM</b>	Chemistry (circle): 8 14 20
<b>Instructor Led Courses - Call to Schedule</b>		<b>LIPID</b>	Lipid Panel
		<b>LEAD</b>	Lead Level
<b>OSHA10</b>	OSHA 10 Hour	<b>CHROM</b>	Chromium Level
<b>OSHA30</b>	OSHA 30 Hour	<b>PHENOL</b>	Urine Phenol
<b>MS</b>	MSHA 8-hour or 24- hour	<b>BENZ</b>	Benzene Level
<b>RIGPAS</b>	Rig Pass – Oil Field SafeLand, SafeGulf	<b>MER</b>	Mercury Level
<b>FA/CPR</b>	First Aid / CPR / AED	<b>METAL</b>	Heavy Metals Level
<b>ML</b>	Man lift Safety Training	<b>ZPP</b>	Zinc - Protoporphyrin
<b>PEC</b>	PEC Safe Gulf/Safe Land	<b>MERC</b>	Mercury Level
<b>FLT</b>	Forklift Training	<b>MQ</b>	Medical Questionnaire
<b>NEW HIRE Class (Please type your information below)</b>		<b>ZPP</b>	Zinc – Protoporphyrin Level

\*If your company has specific screening requirements, other than standard, please attach or call Four Star Nurse \*\*EO – Expanded Opiates