**Authorization for Occupational Health Services**

Employee must present Authorization and Photo ID at time of visit

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized By (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized By (sign):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Employee Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Visit (check all that apply)**

**Physical Exam:**

 □Pre-Employment □Annual □Exit

**DOT Physical:**

 □Initial □Recert

**Bus Driver Exam:**

 □Initial □Annual □With DOT exam

**Special Exams:**

□Vision only □Audiogram

□HAZMAT □Fit for Duty

□Respirator Clearance □Mask Fit Test (qualitative)

□Medical Surveillance

□Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Related:**

□Injury □Exposure

Date of Occurrence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Body Part affected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing:

□Employee to pay charges

**TB testing**

 □1 step □ 2 step

 □Chest x-ray (vs PPD) □QuantiFERON TB Gold

 If positive, chest xray? □Y □N

□Pulmonary Function Test

□Tetanus

□Lab Draw: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□Other Procedures:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Drug and Alcohol Testing:**

□Drug Screen (12 panel) □Hair □Breath Alcohol

**Type of Testing:**

 □DOT (Regulated) □Non-DOT (Non-regulated)

**Reason for Testing:**

 □Pre-Employment □Post-Accident

 □Random □Reasonable Suspicion

 □Follow Up □Return to Duty

*Due to the regulated nature of services provided, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so they can make arrangements for children or others that might otherwise be accompanying them to the medical center.*