

## EMPLOYER AUTHORIZATION

Employee Name: \_\_\_\_\_

Company/Employer: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Comp Injury?  Yes  No Date of Injury \_\_\_\_\_

Send bill to Insurance?  Yes  no Claim No (if available) \_\_\_\_\_

### Please mark your choice/s

#### PHYSICAL

Yes No

- DOT (New, Recertification, Extension)
- Non-DOT
- Pre-employment
- Return to Work
- Follow - up
- Annual Physical
- Ability Test \_\_\_\_\_

#### RESPIRATOR

Yes No

- PFT
- PFT Clearance
- OSHA Questionnaire
- Respirator Fit  Qualitative
- 

#### DRUG SCREENING

Yes No

- DOT
- Non-DOT \_\_\_\_\_ CISAP
- Pre-employment \_\_\_\_\_ ASAP
- Post – Accident \_\_\_\_\_ DISA
- Random In-house COC
- Reasonable Suspicion
- Rapid 5pnl, 5+pnl, 10 pnl
- Urine Collect
- Hair Collect
- Oral Collect

#### IMMUNIZATION

Yes No

- TDAP
- Influenza
- Hep A  Titer  Vaccine
- Hep B  Titer  Vaccine
- MMR  Titer  Vaccine
- Varicella  Titer  Vaccine
- \_\_\_\_\_

#### BREATH ALCOHOL TEST

Yes No

- DOT
- Non-DOT
- Pre-employment
- Post - Accident
- Random
- Reasonable Suspicion
- Oral Fluid

#### OTHER SERVICES

- PFT (Pulmonary Function Test/Bronchodilator)
- Audiogram
- TB Test
- Wellness Exam
- Mask Fit Qualitative
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

For questions, please contact our clinic @ 417-832-1117