COMMUNITY HEALTHCARE SYSTEM®
Occupational Health

Medical Authorization

** DISA, BCRC and eScreen approved collection sites*

Company agrees to be financially responsible for services selected below. Occupational Health does not bill commercial insurance.

Employee Name: _____ Company: _____ Temp. Agency (if appl.): _____

Authorizing Signature: _____ Printed Name: _____

Title: _____ Phone: _____ Date: _____

If Occ Health needs to contact the company following the treatment of this employee, who should we call?

Name: _____ Phone: _____

Additional Notes: _____

Authorization Expires After:
___/___/_____
Clinic to contact employer if employee presents after expiration date

INJURY CARE

Claim # _____
Date of Injury _____
Injured Body Part _____

☐ Treatment of new injury/incident
*Once you've obtained your **claim number** for this injury, please call Occupational Health with that number.*

SUBSTANCE ABUSE TESTING

Reason for Test: ☐ Pre-hire ☐ Random ☐ Post-Accident
☐ Reasonable Suspicion ☐ Return-To-Duty ☐ Follow-Up

Instant Result Drug Test
☐ 10-Panel non-DOT Rapid
☐ 5-Panel non-DOT Rapid
☐ 9-Panel non-DOT Rapid (excl. Marijuana)

Send-Out Drug Test
☐ DOT (Federal) *select DOT agency below***
☐ FMCSA ☐ FRA ☐ FTA ☐ FAA ☐ PHMSA ☐ USCG
☐ 5-Panel non-DOT
☐ 9-Panel non-DOT
☐ 10-Panel non-DOT
☐ Collection Only Lab: _____
☐ DOT Breath Alcohol
☐ Non-DOT Breath Alcohol
☐ Saliva Alcohol
☐ Hair Test
***Info required under amended DOT regulations*

AFTER BUSINESS HOURS CARE

☐ Treatment of new injury/incident
*Once you've obtained your **claim number** for this injury, please call Occupational Health with that number.*
☐ 10-Panel Non-DOT Rapid Test
☐ DOT Drug Test (Federal)
☐ Collection Only (*Donor/company must provide chain of custody & cup at time of arrival)*
☐ DOT Breath Alcohol
☐ Non-DOT Breath Alcohol

PHYSICAL EXAMS

☐ DOT Physical
☐ Non-DOT Physical (basic)
☐ Respirator Clearance Physical
☐ Return to Work/Fit for Duty *(must have doctor's release)*

ADDITIONAL SERVICES

☐ Audiogram
☐ Respirator Clearance Questionnaire Only
☐ Respirator Fit Test (Quantitative/Machine)
☐ Respirator Fit Test (Qualitative/Hood)
☐ Spirometry/Pulmonary Function/PFT
☐ Chest X-Ray
☐ EKG
☐ Vision Testing ☐ Snellen ☐ Titmus ☐ Ishihara ☐ Jaeger
☐ Essential Demands / Physical Performance / Lift Test
☐ Other: _____

BLOOD WORK/TITERS

☐ Chromium
☐ Covid-19 Test
☐ Creatinine (urine)
☐ Lead/ZPP
☐ Mercury
☐ TB/PPD
☐ TB/Quant. Gold
☐ Urinalysis
☐ MMR Titer
☐ Hepatitis A Antibody
☐ Hepatitis B Antibody
☐ Hepatitis C Antibody
☐ Varicella
☐ Other: _____

VACCINES/IMMUNIZATIONS

☐ Influenza Vaccine
☐ Hepatitis A Vaccine
☐ Hepatitis B Vaccine
☐ MMR Vaccine
☐ Tetanus Vaccine
☐ Other: _____

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