



MED-1 AUTHORIZATION FORM

PHOTO ID REQUIRED

Company Name: _____ Staffing Agency: _____
 Patient Name: _____ Date: _____ valid for 48 hours
 Authorized By: _____ Employer Telephone #: _____

| INJURY | | | |
|---|---|---|--|
| INJURY | <p>Treatment/Evaluation</p> <p><input type="checkbox"/> Treatment of alleged work-related injury or illness</p> <p>What is the type of injury or illness _____</p> <p style="text-align: center;"><input type="checkbox"/> Drug Screen with initial visit <input type="checkbox"/> Breath Alcohol Test</p> | | |
| NON - DOT PROCEDURES | | | |
| DOT PROCEDURES | | | |
| PHYSICAL EXAMS | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Physical Examination</p> <p><input type="checkbox"/> Post Offer/Pre-employment</p> <p><input type="checkbox"/> Return to Work</p> <p><input type="checkbox"/> Fit for Duty</p> </td> <td style="width: 50%; vertical-align: top;"> <p><input type="checkbox"/> Respiratory</p> <p><input type="checkbox"/> Hazmat</p> <p><input type="checkbox"/> Asbestos</p> <p><input type="checkbox"/> Other</p> </td> </tr> </table> | <p>Physical Examination</p> <p><input type="checkbox"/> Post Offer/Pre-employment</p> <p><input type="checkbox"/> Return to Work</p> <p><input type="checkbox"/> Fit for Duty</p> | <p><input type="checkbox"/> Respiratory</p> <p><input type="checkbox"/> Hazmat</p> <p><input type="checkbox"/> Asbestos</p> <p><input type="checkbox"/> Other</p> |
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| DRUG TESTS | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Drug Test - Type</p> <p><input type="checkbox"/> Urine (circle panel type) 2 3 5 7 10 Expanded Opiates Nicotine</p> <p><input type="checkbox"/> Rapid (circle panel type) 3 5 7 10 Nicotine</p> <p><input type="checkbox"/> Collection Only</p> <p><input type="checkbox"/> Hair</p> <p><input type="checkbox"/> Saliva</p> <p>Reason for Drug Test</p> <p><input type="checkbox"/> Pre-employment</p> <p><input type="checkbox"/> Random</p> <p><input type="checkbox"/> Reasonable Suspicion/Cause</p> <p><input type="checkbox"/> Post Accident</p> </td> <td style="width: 50%; vertical-align: top;"> <p><input type="checkbox"/> Return to Work</p> <p><input type="checkbox"/> Follow-up Testing</p> <p><input type="checkbox"/> Other</p> </td> </tr> </table> | <p>Drug Test - Type</p> <p><input type="checkbox"/> Urine (circle panel type) 2 3 5 7 10 Expanded Opiates Nicotine</p> <p><input type="checkbox"/> Rapid (circle panel type) 3 5 7 10 Nicotine</p> <p><input type="checkbox"/> Collection Only</p> <p><input type="checkbox"/> Hair</p> <p><input type="checkbox"/> Saliva</p> <p>Reason for Drug Test</p> <p><input type="checkbox"/> Pre-employment</p> <p><input type="checkbox"/> Random</p> <p><input type="checkbox"/> Reasonable Suspicion/Cause</p> <p><input type="checkbox"/> Post Accident</p> | <p><input type="checkbox"/> Return to Work</p> <p><input type="checkbox"/> Follow-up Testing</p> <p><input type="checkbox"/> Other</p> |
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| OTHER | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><input type="checkbox"/> Hepatitis B Vaccine # _____</p> <p><input type="checkbox"/> Chest X-Ray</p> <p><input type="checkbox"/> Pulmonary Function Test</p> <p><input type="checkbox"/> Labs _____</p> </td> <td style="width: 50%; vertical-align: top;"> <p><input type="checkbox"/> TB single _____ 2 step _____</p> <p><input type="checkbox"/> Audio Test</p> <p><input type="checkbox"/> Vision Test</p> <p><input type="checkbox"/> Lift Test # _____</p> </td> </tr> </table> | <p><input type="checkbox"/> Hepatitis B Vaccine # _____</p> <p><input type="checkbox"/> Chest X-Ray</p> <p><input type="checkbox"/> Pulmonary Function Test</p> <p><input type="checkbox"/> Labs _____</p> | <p><input type="checkbox"/> TB single _____ 2 step _____</p> <p><input type="checkbox"/> Audio Test</p> <p><input type="checkbox"/> Vision Test</p> <p><input type="checkbox"/> Lift Test # _____</p> |
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| COMPANY INSTRUCTIONS | <p>Other testing and/or company specific instructions:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | | |
| MED-1 INSTRUCTIONS | <p>Please arrive 30 minutes prior to close</p> <p>PHYSICAL EXAM: Please bring your glasses or contacts</p> <p>DRUG SCREENING: Do not urinate prior to arrival</p> <p>PULMONARY FUNCTION TEST: Do not eat, use an inhaler, or smoke for one hour prior to arrival</p> <p style="text-align: center;">Additional authorization forms available at www.med1services.com</p> <p style="text-align: right;">MED-1 Staff _____</p> | | |