



MED-1 OCCUPATIONAL HEALTH SERVICES AUTHORIZATION FORM

Company Name: _____ Staffing Agency: _____
 Patient Name: _____ Date: _____ (valid for 48 hours)
 Authorized By: _____ Time In: _____ AM PM
 Phone #: _____ Email: _____

****PHOTO ID REQUIRED****

INJURY																			
INJURY	<p>Treatment/Evaluation</p> <p><input type="checkbox"/> Treatment of alleged work-related injury or illness Date of Injury: _____ Time of Injury: _____ AM/PM</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 with initial visit </p>																		
NON - INJURY																			
NON - DOT PROCEDURES																			
DOT PROCEDURES																			
PHYSICAL EXAMS	<p>Physical Examination</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Post Offer/Pre-employment</td> <td><input type="checkbox"/> Respiratory</td> </tr> <tr> <td><input type="checkbox"/> Return to Work</td> <td><input type="checkbox"/> Hazmat</td> </tr> <tr> <td><input type="checkbox"/> Fit for Duty</td> <td><input type="checkbox"/> Asbestos</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Post Offer/Pre-employment	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Return to Work	<input type="checkbox"/> Hazmat	<input type="checkbox"/> Fit for Duty	<input type="checkbox"/> Asbestos		<input type="checkbox"/> Other										
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COMPANY INSTRUCTIONS	<p>Other testing and/or company specific instructions:</p> <hr/> <hr/>																		
MED-1 INSTRUCTIONS	<p>Please arrive 30 minutes prior to clinic closing time.</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 one hour prior to arrival</p>																		

● Employer accepts financial responsibility for authorized visits