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

Treatment/Evaluation

☐ Treatment of alleged work-related injury or illness Date of Injury: _______________ Time of Injury: _____AM/PM

What is the type of injury or illness? ____

☐ Drug Screen with initial visit ☐ Breath Alcohol Test with initial visit

NON - INJURY

	NON - DOT PROCEDURES	*DOT PROCEDURES*
PHYSICAL EXAMS	***Physical Examination*** ☐ Post Offer/Pre-employment ☐ Return to Work ☐ Fit for Duty ☐ Respiratory ☐ Hazmat ☐ Asbestos ☐ Other	***Physical Examination*** ☐ New ☐ Recertification ☐ Follow-up
DRUG TESTS	***Drug Test - Type*** ☐ Urine (circle panel type) 2 3 4 5 7 9 10 12 Expanded Opiates Nicotine ☐ Rapid (circle panel type) 3 4 5 7 10 Nicotine ☐ Collection Only ☐ Hair ☐ Saliva (circle panel type) 5 7 10 ***Reason for Drug Test*** ☐ Pre-Employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Work ☐ Follow-Up Testing ☐ Other ☐ Observed	***Drug Test - Federally Mandated*** ☐ Urine ☐ Collection Only ***Reason for Drug Test*** ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty (Observed) ☐ Follow-Up (Observed) ☐ Other ☐ Observed
ALCOHOL TESTS	***Breath Alcohol Test - Type*** ☐ Breath ***Reason for Alcohol Test*** ☐ Pre-Employment ☐ Random ☐ Post Accident ☐ Reasonable Suspicion/Cause ☐ Return to Work ☐ Follow-Up	***Alcohol Test - Federally Mandated*** ☐ Breath Alcohol Test ***Reason for Alcohol Test*** ☐ Pre-Employment ☐ Random ☐ Post Accident ☐ Reasonable Suspicion/Cause ☐ Return to Work/Return to Duty ☐ Follow-Up
OTHER	☐ Hepatitis B Vaccine #_______ ☐ Chest X-Ray ☐ Pulmonary Function Test ☐ Labs ________________________________	☐ TB Skin Test Single ______ 2 Step ______ ☐ TB Blood Test ☐ Audio Test ☐ Vision Test ☐ Lift Test #____________________

COMPANY INSTRUCTIONS

Other testing and/or company specific instructions:

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MED-1 INSTRUCTIONS

Please arrive 30 minutes prior to clinic closing time.

PHYSICAL EXAM: Please bring your glasses or contacts

DRUG SCREENING: Do not urinate prior to arrival

PULMONARY FUNCTION TEST: Do not eat, use an inhaler, or smoke one hour prior to arrival

- **Employer accepts financial responsibility for authorized visits**

Additional authorization forms available at med1occupationalhealth.com

Reviewed 06-2022