



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

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 Respiratory
 Return to Work Hazmat
 Fit for Duty Asbestos
 Other

Physical Examination
 New
 Recertification
 Follow-up

DRUG TESTS
Drug Test - Type
 Urine (circle panel type)
 4 5 7 9 10 12 Expanded Opiates Nicotine
 Rapid (circle panel type)
 3 4 5 9 10 Nicotine
 Collection Only
 Hair
 Saliva (circle panel type)
 5 7 10
Reason for Drug Test
 Pre-Employment Return to Work
 Random Follow-Up Testing
 Reasonable Suspicion/Cause Other
 Post Accident 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 Return to Work
 Random Follow-Up
 Post Accident
 Reasonable Suspicion/Cause

Alcohol Test - Federally Mandated
 Breath Alcohol Test
Reason for Alcohol Test
 Pre-Employment Return to Work/Return to Duty
 Random Follow-Up
 Post Accident
 Reasonable Suspicion/Cause

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:

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