

AUTHORIZATION FOR SERVICES

FOR APPOINTMENTS: 888.280.5513 follow prompts to desired clinic

Employee/Patient MUST provide photo ID for all services. Please do not bring children requiring supervision to the clinic.

Date:	
Company Name	Employee/Patient Name
Address	Job Position
City, ST, Zip	Remarks / Additional Requirements
Contact Name	<p>Employer contact complete or attach business card here</p>
Contact Telephone	
Contact Fax	
Contact Email	

CHECK ALL SERVICES REQUIRED

Services will be conducted and resulted according to your established protocols.

<p style="text-align: center;">DRUG & ALCOHOL TESTING</p> <p style="text-align: center;"><i>Test Type(s) and Reason are required</i></p> <table style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Test Type(s)</th> <th style="text-align: left;">Reason</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> DOT Drug Test</td> <td><input type="checkbox"/> Pre-Employment</td> </tr> <tr> <td><input type="checkbox"/> NonDOT Drug Test</td> <td><input type="checkbox"/> Random</td> </tr> <tr> <td>NonDOT Type: _____</td> <td><input type="checkbox"/> Reasonable Susp/For Cause</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/> Post-Accident/Injury</td> </tr> <tr> <td><input type="checkbox"/> EBT/Breath Alcohol</td> <td><input type="checkbox"/> Follow-up</td> </tr> <tr> <td><input type="checkbox"/> Other or special requirements:</td> <td><input type="checkbox"/> Return to duty</td> </tr> <tr> <td>_____</td> <td></td> </tr> </tbody> </table>	Test Type(s)	Reason	<input type="checkbox"/> DOT Drug Test	<input type="checkbox"/> Pre-Employment	<input type="checkbox"/> NonDOT Drug Test	<input type="checkbox"/> Random	NonDOT Type: _____	<input type="checkbox"/> Reasonable Susp/For Cause	_____	<input type="checkbox"/> Post-Accident/Injury	<input type="checkbox"/> EBT/Breath Alcohol	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Other or special requirements:	<input type="checkbox"/> Return to duty	_____		<p style="text-align: center;">PHYSICAL EXAMINATIONS</p> <p style="text-align: center;"><i>Exam Type and Reason are required</i></p> <table style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Exam Type</th> <th style="text-align: left;">Reason</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> DOT Exam</td> <td><input type="checkbox"/> Post-Offer / Pre-Placement</td> </tr> <tr> <td><input type="checkbox"/> Basic NonDOT Exam</td> <td><input type="checkbox"/> Recertification</td> </tr> <tr> <td><input type="checkbox"/> Respirator Certification</td> <td><input type="checkbox"/> Initial/Baseline</td> </tr> <tr> <td><input type="checkbox"/> HazMat/Medical Surveillance</td> <td><input type="checkbox"/> Periodic/Annual</td> </tr> <tr> <td><input type="checkbox"/> Law Enforcement</td> <td><input type="checkbox"/> Exit</td> </tr> <tr> <td><input type="checkbox"/> Firefighter</td> <td><input type="checkbox"/> Return to duty</td> </tr> <tr> <td><input type="checkbox"/> Merchant Marine/USCG</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Flight/FAA</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other or special requirements:</td> <td></td> </tr> <tr> <td>_____</td> <td></td> </tr> </tbody> </table>	Exam Type	Reason	<input type="checkbox"/> DOT Exam	<input type="checkbox"/> Post-Offer / Pre-Placement	<input type="checkbox"/> Basic NonDOT Exam	<input type="checkbox"/> Recertification	<input type="checkbox"/> Respirator Certification	<input type="checkbox"/> Initial/Baseline	<input type="checkbox"/> HazMat/Medical Surveillance	<input type="checkbox"/> Periodic/Annual	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Exit	<input type="checkbox"/> Firefighter	<input type="checkbox"/> Return to duty	<input type="checkbox"/> Merchant Marine/USCG		<input type="checkbox"/> Flight/FAA		<input type="checkbox"/> Other or special requirements:		_____	
Test Type(s)	Reason																																						
<input type="checkbox"/> DOT Drug Test	<input type="checkbox"/> Pre-Employment																																						
<input type="checkbox"/> NonDOT Drug Test	<input type="checkbox"/> Random																																						
NonDOT Type: _____	<input type="checkbox"/> Reasonable Susp/For Cause																																						
_____	<input type="checkbox"/> Post-Accident/Injury																																						
<input type="checkbox"/> EBT/Breath Alcohol	<input type="checkbox"/> Follow-up																																						
<input type="checkbox"/> Other or special requirements:	<input type="checkbox"/> Return to duty																																						

Exam Type	Reason																																						
<input type="checkbox"/> DOT Exam	<input type="checkbox"/> Post-Offer / Pre-Placement																																						
<input type="checkbox"/> Basic NonDOT Exam	<input type="checkbox"/> Recertification																																						
<input type="checkbox"/> Respirator Certification	<input type="checkbox"/> Initial/Baseline																																						
<input type="checkbox"/> HazMat/Medical Surveillance	<input type="checkbox"/> Periodic/Annual																																						
<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Exit																																						
<input type="checkbox"/> Firefighter	<input type="checkbox"/> Return to duty																																						
<input type="checkbox"/> Merchant Marine/USCG																																							
<input type="checkbox"/> Flight/FAA																																							
<input type="checkbox"/> Other or special requirements:																																							

<p style="text-align: center;">IMMUNITY SERVICES</p> <table style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Immunizations</th> <th style="text-align: left;">Titers-Immunity Blood Tests</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Immunization-Flu</td> <td><input type="checkbox"/> Hep A</td> </tr> <tr> <td><input type="checkbox"/> Immunization-Tdap</td> <td><input type="checkbox"/> Hep B</td> </tr> <tr> <td><input type="checkbox"/> Immunization-Hep A</td> <td><input type="checkbox"/> MMR</td> </tr> <tr> <td><input type="checkbox"/> Immunization-Hep B</td> <td><input type="checkbox"/> Varicella (chicken pox)</td> </tr> <tr> <td><input type="checkbox"/> Immunization-MMR</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Immunization-Varicella (<i>Limited to Fife & Tacoma clinics</i>)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other or special requirements:</td> <td></td> </tr> <tr> <td>_____</td> <td></td> </tr> </tbody> </table>	Immunizations	Titers-Immunity Blood Tests	<input type="checkbox"/> Immunization-Flu	<input type="checkbox"/> Hep A	<input type="checkbox"/> Immunization-Tdap	<input type="checkbox"/> Hep B	<input type="checkbox"/> Immunization-Hep A	<input type="checkbox"/> MMR	<input type="checkbox"/> Immunization-Hep B	<input type="checkbox"/> Varicella (chicken pox)	<input type="checkbox"/> Immunization-MMR		<input type="checkbox"/> Immunization-Varicella (<i>Limited to Fife & Tacoma clinics</i>)		<input type="checkbox"/> Other or special requirements:		_____		<p style="text-align: center;">SCREENING TESTS WITHOUT AN EXAM</p> <table style="width: 100%;"> <tbody> <tr> <td><input type="checkbox"/> Audiogram</td> <td><input type="checkbox"/> TB Skin Test</td> </tr> <tr> <td><input type="checkbox"/> Respirator Questionnaire</td> <td><input type="checkbox"/> Vision</td> </tr> <tr> <td><input type="checkbox"/> Respirator Fit Test</td> <td><input type="checkbox"/> Anth Size Restrictions (ASR)</td> </tr> <tr> <td><input type="checkbox"/> Other or special requirements:</td> <td></td> </tr> <tr> <td>_____</td> <td></td> </tr> <tr> <td>_____</td> <td></td> </tr> </tbody> </table>	<input type="checkbox"/> Audiogram	<input type="checkbox"/> TB Skin Test	<input type="checkbox"/> Respirator Questionnaire	<input type="checkbox"/> Vision	<input type="checkbox"/> Respirator Fit Test	<input type="checkbox"/> Anth Size Restrictions (ASR)	<input type="checkbox"/> Other or special requirements:		_____		_____									
Immunizations	Titers-Immunity Blood Tests																																						
<input type="checkbox"/> Immunization-Flu	<input type="checkbox"/> Hep A																																						
<input type="checkbox"/> Immunization-Tdap	<input type="checkbox"/> Hep B																																						
<input type="checkbox"/> Immunization-Hep A	<input type="checkbox"/> MMR																																						
<input type="checkbox"/> Immunization-Hep B	<input type="checkbox"/> Varicella (chicken pox)																																						
<input type="checkbox"/> Immunization-MMR																																							
<input type="checkbox"/> Immunization-Varicella (<i>Limited to Fife & Tacoma clinics</i>)																																							
<input type="checkbox"/> Other or special requirements:																																							

<input type="checkbox"/> Audiogram	<input type="checkbox"/> TB Skin Test																																						
<input type="checkbox"/> Respirator Questionnaire	<input type="checkbox"/> Vision																																						
<input type="checkbox"/> Respirator Fit Test	<input type="checkbox"/> Anth Size Restrictions (ASR)																																						
<input type="checkbox"/> Other or special requirements:																																							

<p>REMARKS:</p> <p>_____</p> <p>_____</p>																																							