



## AUTHORIZATION REPORT - OCCUPATIONAL HEALTH SERVICES

**IMPORTANT NOTICE:** Please DO NOT BRING CHILDREN TO YOUR APPOINTMENTS. For their safety as well as yours, children are not allowed in the Occupational Health exam areas.

### AUTHORIZING COMPANY

Company or Temp Agency (circle one): \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Services Authorized by: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date: \_\_\_\_\_

### EMPLOYMENT INFORMATION

Employee/Applicant Name: \_\_\_\_\_ S.S.# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date of Injury: \_\_\_\_\_ Approx. Time of Injury: \_\_\_\_\_ am / pm  
Time employee left the site: \_\_\_\_\_ am / pm First Aid Treatment: \_\_\_\_\_  
Nature of Injury: \_\_\_\_\_

### SERVICES AUTHORIZED

#### **Section I - Injury Care**

**NOTE:** If injury has not occurred in the past 24 hours, call for an appointment 517-364-3900.

- Injury Care
- Post Accident Drug/Alcohol Tests
  - Drug Screen
    - DOT  Non-DOT
  - Breath Alcohol
    - DOT  Non DOT

#### **Section II - Other Drug/Alcohol Tests:**

Patient instructions: **DO NOT URINATE** just prior to arriving; you must have a **VALID PICTURE ID** for photocopying.

**Purpose of Testing:**  Pre-Placement  Random  
 Reasonable Cause  Return to duty/Fit for duty

**Drug type:**  DOT  Non-DOT  Instant  
**BAT type:**  DOT  Non-DOT

#### **Section III - Employment Physicals and Examinations: (Scheduled appointments preferred)**

Examination for: Job Title: \_\_\_\_\_ Department: \_\_\_\_\_  
Type: \_\_\_\_\_

- Pre-Placement Physical  Annual Physical
- DOT Physical:  Initial  Recertification
- Surveillance Exam (type): \_\_\_\_\_  Initial  Periodic  Post exposure  Exit
- Second Opinion  Fitness for Duty ( for non-work related injuries/illnesses)
- Material Handling  T.B. Testing  Chest X-Ray for positive T.B. test
- Other: \_\_\_\_\_

#### **INSTRUCTIONS TO PATIENTS WHO ARE TO BE SEEN FOR A PHYSICAL:**

1. If you have an appointment, you will be seen as close as possible to your appointment time; because we are also walk-in clinics, your appointment may be delayed. Please call ahead if this may cause you a problem.
2. DOT/CDL examinees - DO NOT TAKE ANY CAFFEINE for 8 hours prior to arriving.
3. Bring eyeglasses, contact lenses or hearing aid(s), if worn.
4. Blood Tests - check with your employer or the designated clinic, regarding whether fasting is required.
5. If you are under 18 years of age, you will need signed permission from your parent or guardian.