

employer authorization form



Employee name: _____ DOB: _____ Last 4 SS#: _____

Employee address: _____ City: _____ State: _____ Zip: _____

Employee phone #: _____ Scheduled date(s): _____ Time: _____

Company name: _____

Company address: _____ City: _____ State: _____ Zip: _____

Treatment authorized by: _____

Name and title (please print)

Signature: _____ Phone: _____

Employer information

DER/Company contact for results and/or physician call: _____

Preferred communication (please check all that apply) phone fax (secure) e-mail mail

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____

Phone: _____ Ext. _____ Secure fax: _____

Billing address (only if different than above):

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Ext. _____ Fax: _____

If billing to carrier – Policy #: _____ Effective dates of policy: _____ to _____

Company or WC insurance carrier: _____

Claim #: _____

Adjuster name: _____

Adjuster phone: _____

Injury/Accident Date of injury: _____ Injured body part: _____

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Please provide the employee with the following services: *(Please check all that apply)*
Drug and/or alcohol testing *(Please check type and reason below)*

PLEASE SELECT EITHER OPTION 1 OR OPTION 2

OPTION 1: Using MedExpress lab and MRO

- Breath Alcohol Test - Please check: DOT or Non-DOT
- DOT Urine Drug Screen (5-panel)
Please check one: FMCSA FAA FRA
 FTA PHMSA USCG
- Rapid Urine Drug Screen (Non-DOT)
 5-panel
 10-panel
- 5-Panel Standard Urine Drug Screen (Non-DOT)
- 10-Panel Standard Urine Drug Screen (Non-DOT)
- Custom Panel #: _____
- Hair Drug Screen - Please check: 5-panel or
 5-panel w/exp. opiates
- Blood Alcohol Testing*
- Oral Fluid Cotinine Test (PA ONLY)

OR

Collection Only

Urine Drug Screen:

- DOT
- Non-DOT

Hair Drug Screen:

- Hair Drug Screen

Rapid Urine Drug Screen (Non-DOT):

- 5-panel
- 10-panel

Breath Alcohol Test:

- DOT
- Non-DOT

CCF:

- On file at center
- Donor will arrive with

Reason for drug/alcohol testing:

- Pre-Placement Post-Accident Reasonable Suspicion
- Random Return-to-Duty
- Follow-Up Observed Collection

PHOTO ID IS REQUIRED!

Physical examination:

- DOT - Please check: New Certification
 Recertification
 Follow-Up
- Pre-Placement Basic (Non-DOT)
- Respirator Questionnaire Clearance
- Return-to-Work Evaluation
- Special company protocol/form:

Other:

Other services:

- TB Skin Test/PPD - 1 Step
- TB Skin Test/PPD - 2 Step
- Hepatitis A Vaccine
- Hepatitis B Vaccine
- Flu Shot
- EKG
- Other: _____

Labs:

- Lead Level
- Hep B Titer (HepBsAB)
- MMR Titer
- CBC

Additional services*:

- Quantitative Resp. Fit Test
- OSHA Pulmonary Function Test
- Lift Testing
- Qualitative Resp. Fit Test
- Spirometry Test
- Audiogram OSHA Threshold