Physicians Health Center

Occupational Medical Specialists

www.physicianshealthcenter.com

EMPLOYER AUTHORIZATION FOR SERVICE

(MUST PRESENT PHOTO ID)

DATE: _____

EMPLOYEE NAME: _____ SSN (Last 4 Digits): _____

COMPANY NAME: _____ INJURY: (Body Part) _____

ADDRESS / LOCATION # _____ _____

PHONE: _____ FAX: _____

AUTHORIZED BY: _____ TITLE: _____

PHYSICAL EXAMINATION

- ☐ DOT Physical Exam
- ☐ Company Physical
- ☐ Physical Capability Test
- ☐ FDLE Physical
- ☐ Fitness For Duty Exam
- ☐ Other _____

- ☐ Back Evaluation
- ☐ Audio Test
- ☐ Pulmonary Function Test (PFT)
- ☐ Respirator Clearance
- ☐ Respirator Fit Test
- ☐ FAA/NDT Eye Exam
- ☐ Standard Eye Exam
- ☐ Other _____

ADDITIONAL SERVICES:

- ☐ TB Test (PPD)
- ☐ Flu Shots
- ☐ Hep. B Immunizations
- ☐ Titer
- ☐ Tetanus
- ☐ EKG
- ☐ Travel Medicine-Destination: _____

SUBSTANCE ABUSE TESTING

☐ DOT ☐ Non-DOT ☐ Drug Free Workplace

Agency:

☐ FMCSA ☐ FAA ☐ FTA ☐ FRA ☐ PHMSA ☐ USCG

- ☐ Drug Test
- ☐ Alcohol Test (EBT)
- ☐ Blood Alcohol Test
- ☐ Collection Only

- ☐ E-Screen
- ☐ Hair Test
- ☐ Saliva Test
- ☐ Rapid Test

REASON FOR TEST

- ☐ Pre Employment
- ☐ Random
- ☐ Post Accident/Post Injury
- ☐ Reasonable Suspicion
- ☐ Return to Duty
- ☐ Follow-up

BILLING (Check if applicable)

☐ Employee to pay Charges

Comments: _____

Over for PHC Locations →

"Hours of Operation can be found at physicianshealthcenter.com/locations"