

EMPLOYER INTAKE - OCCUPATIONAL HEALTH SERVICES

General Company Information

Are you an existing Corewell Health Occupational Health client? ☐ No ☐ Yes

Company name _____

Company address _____

City, State, and Zip code _____

Company industry type _____

Number of total employees _____

Are you able to provide job descriptions with this intake form? ☐ No ☐ Yes

Contact Information

Main Company Contact

Name _____

Phone number _____

Email address _____

Confidential Fax _____

Main contact is also the contact for: Workers Compensation Physical/Drug Screens DER

Only complete below information if department contacts will differ or you have an alternate point of contact

Alternate Contact Workers Compensation Physical/Drug Screens DER

Name _____

Phone number _____

Email address _____

Confidential Fax _____

Alternate Contact Workers Compensation Physical/Drug Screens DER

Name _____

Phone number _____

Email address _____

Confidential Fax _____

Alternate Contact Workers Compensation Physical/Drug Screens DER

Name _____

Phone number _____

Email address _____

Confidential Fax _____

If you need assistance while completing this form, please reach out to our Customer Service team by calling 616.391.2778, option 1, or emailing occserv@corewellhealth.org.