

COMPANY NAME
ADDRESS

Follow Up Paperwork:

Drug/Alcohol Collection: Corporate Account – XXXX
COMPANY NAME OCC MED, CORPORATE [xxxx]
NON-INJURY/PHYSICALS: Corporate Account – XXXX
COMPANY NAME OCC MED, CORPORATE [xxxx]
INJURY/WORK COMP:
W/C Guarantor:
Claim # _____

OCCUPATIONAL HEALTH AUTHORIZATION FOR SERVICE

Complete the employee information and category of testing. Please bring photo ID along with this completed form.

Employee Name:	Date of Birth:	Employee SSN:
Appointment Date:	Appointment Time: _____ a.m. / p.m.	

AUTHORIZATION FOR:

<input type="checkbox"/> DOT Physical <input type="checkbox"/> New <input type="checkbox"/> Recertification <input type="checkbox"/> Medical Surveillance: <input type="checkbox"/> Asbestos <input type="checkbox"/> HazMat <input type="checkbox"/> Silica <input type="checkbox"/> Respiratory Physical Type of respirator: _____ <input type="checkbox"/> Spirometry <input type="checkbox"/> Pre-placement Physical – (please indicate type of work*) * Code of Federal Regulations § 416.967 (ssa.gov) <input type="checkbox"/> Sedentary <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Very Heavy <input type="checkbox"/> Lift Test (up to _____ #) <input type="checkbox"/> Tb Test Quantiferon Gold	<input type="checkbox"/> Work Related Injury or Illness Assessment / Treatment Area Injured: _____ <input type="checkbox"/> Return to Work Evaluation <input type="checkbox"/> Urine Drug Screen <input type="checkbox"/> Breath Alcohol Reason for Drug / Alcohol Screening: _____ <input type="checkbox"/> Lab Draws _____ <input type="checkbox"/> Vaccines _____ <input type="checkbox"/> Other: _____
--	--

Recommended location for all employment/work related services	Walk-in clinics available for emergent or after-hours care:		
<input type="checkbox"/> Corewell Health Occupational Health – St. Joseph 2500 Niles Road, Suite 4 St. Joseph, MI 49085 Schedule Appt: 269-408-4171 ext. 1 Fax: 269-408-4174 Clinic Hours: M-F 8am-4:30pm DOT physicals available Drug/Alcohol Collection: M-F 8am – 4pm Appointments advised. Call clinic prior to sending employee for injury care. chsoccupationalhealth@corewellhealth.org	<input type="checkbox"/> Corewell Health Watervliet Hospital Walk-In Clinic 400 Medical Park Drive Watervliet, MI 49098 Phone: 269-463-3600 Fax: 269-463-8206 Open 7 days a week 8am–5pm No DOT physicals Drug and alcohol collection: M-F 8am-5pm Sat and Sun 10am-5pm	<input type="checkbox"/> Corewell Health Southwestern Medical Walk-In Clinic – Niles 2002 South 11 th Street Niles, MI 49120 Phone: 269-687-0200 Fax: 269-684-0199 M-F 8am–7pm, Sat 8am-2pm Drug/Alcohol Collection: M-F 8am-3pm	<input type="checkbox"/> Corewell Health Southwestern Medical Walk-In Clinic - Stevensville 5515 Cleveland Avenue Stevensville, MI 49127 Phone: 269-429-9677 Fax: 269-429-4002 M-Sat 7am-7pm Drug/alcohol testing <u>not</u> available.
ER locations available for emergency injuries: <input type="checkbox"/> Corewell Health Lakeland Hospital - St. Joseph Hospital, 1234 Napier Ave, St. Joseph, MI 49085 <input type="checkbox"/> Corewell Health Lakeland Hospital - Niles Hospital, 31 N. St. Joseph Ave, Niles, MI 49120 <input type="checkbox"/> Corewell Health Watervliet Hospital - 400 Medical Park Dr., Watervliet, MI 49098			

Authorized By: _____ Date: _____
(Print)
Authorized By: _____ Phone Number: _____
(Signature)

Employer: For appointments at COH: email completed form to chsoccupationalhealth@corewellhealth.org or fax form to (269) 408-4174.

****After hours -** If sending an employee to a walk-in-clinic, please fax form to fax number listed above at clinic location and provide copy to your associate to present at clinic.

Updated: