

AUTHORIZATION TO TREAT: OCCUPATIONAL HEALTH - PENNOCK

NOT A PERMANENT PART OF PATIENT'S MEDICAL RECORD. IF FOUND IN CHART, SHRED.

CALL TO SCHEDULE APPOINTMENTS 269.948.3102.

Date (valid for 48 hours) _____

Applicant/Patient name _____

Employer _____ Job title _____

Employer address _____ Employer phone _____

Is patient employed by a temporary agency? No Yes If yes, name of agency _____

Treatment/Examination authorized by (print) _____

If appointment scheduled: Date _____ Time _____

AUTHORIZATION FOR: (check)

INJURY/ILLNESS:

- Treatment for an alleged work related injury or illness
- Explain _____

PHYSICAL EXAM:

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Pre-placement physical: <ul style="list-style-type: none"> <input type="checkbox"/> Comprehensive back exam <input type="checkbox"/> Respiratory certification <input type="checkbox"/> Hand/Wrist exam <input type="checkbox"/> Titmus vision test <input type="checkbox"/> Lift test <input type="checkbox"/> Blood test: <ul style="list-style-type: none"> <input type="checkbox"/> Titer _____ <input type="checkbox"/> Other/Provider preference _____ <input type="checkbox"/> Audiometry | <ul style="list-style-type: none"> <input type="checkbox"/> Department of Transportation (DOT) examination: <ul style="list-style-type: none"> <input type="checkbox"/> New <input type="checkbox"/> Recertification <input type="checkbox"/> Medical surveillance/Hazmat exam: <ul style="list-style-type: none"> <input type="checkbox"/> Initial <input type="checkbox"/> Periodic <input type="checkbox"/> Exit <input type="checkbox"/> Pulmonary function test (PFT) <input type="checkbox"/> Return to work <ul style="list-style-type: none"> *Include work status letter from Treating Physician | <ul style="list-style-type: none"> <input type="checkbox"/> TB skin test <input type="checkbox"/> Step 2 TB <input type="checkbox"/> Hep B series: <ul style="list-style-type: none"> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Quantiferon <input type="checkbox"/> Other _____ |
|--|---|--|

DRUG/ALCOHOL TESTS: (check all that apply)

- DOT Non-DOT
- Drug test: 4 panel 5 panel 7 panel 10 panel 10+ panel with expanded opiates Hair test Collection only
- Alcohol breath test
- Reason: (check one)** Pre-employment Post accident Reasonable cause Random Return to duty Follow-up testing

INSTRUCTIONS FOR APPLICANT/PATIENT: You are responsible to be prepared for your appointment.

Your picture IDENTIFICATION is required for all appointments.

PHYSICAL: Bring glasses or contacts if worn. Arrive a minimum of 30 minutes before closing time.

TB SKIN TEST: If you have ever had a positive skin test, notify staff before the test.

AUDIOMETRY: OSHA requires persons should not be exposed to loud noise, without hearing protection, for a least 14 hours before test is performed.

BLOOD TESTS: Verify whether fasting is required prior to having blood drawn for laboratory analysis.

PULMONARY FUNCTION TESTING: DO NOT eat a heavy meal, smoke or use an inhaler up to an hour before a pulmonary function test is performed.

DOT EXAMS: Bring in CPAP compliance, current Hgb A1c, Cardiology reports, (if told to) current medicine list.

- Children are not allowed in the clinical area due to the procedures being performed. If you must bring a child, then bring an adult to supervise.
- **If you do not have a scheduled appointment, you may experience longer waits. Call to schedule an appointment at 269.948.3102.**