

AUTHORIZATION TO TREAT OCCUPATIONAL SERVICES: COMPANY

PLEASE CALL TO SCHEDULE APPOINTMENTS (231) 592-4382

Patient name _____ Date (valid for 48 hours) _____

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 _____

REFERRAL FOR (check)

Injury/Illness

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

Physical Exam

- | | | |
|---|--|--|
| <input type="checkbox"/> Pre-placement Physical
<input type="checkbox"/> DOT examination
<input type="checkbox"/> New <input type="checkbox"/> Recertification
<input type="checkbox"/> Medical Surveillance/Hazmat Exam
<input type="checkbox"/> Initial <input type="checkbox"/> Periodic <input type="checkbox"/> Exit
<input type="checkbox"/> Return to Work
*Include work status letter from
treating physician* | <input type="checkbox"/> TB test <input type="checkbox"/> Step 2 TB
<input type="checkbox"/> Hep B series
<input type="checkbox"/> 1st
<input type="checkbox"/> 2nd
<input type="checkbox"/> 3rd
<input type="checkbox"/> Comprehensive back exam
<input type="checkbox"/> Respiratory certification
<input type="checkbox"/> Hand/Wrist exam
<input type="checkbox"/> Pulmonary Function Test (PFT) | <input type="checkbox"/> Titmus vision test
<input type="checkbox"/> Lift test
<input type="checkbox"/> Audio
<input type="checkbox"/> Blood work
<input type="checkbox"/> Titer _____
<input type="checkbox"/> Other/Provider preference
<input type="checkbox"/> Other _____ |
|---|--|--|

Drug/Alcohol Tests (check all that apply)

- DOT Non-DOT
- Drug Test
 - 5 panel 7 panel 10 panel 10+ panel with expanded opiates Hair test Collection only
- E.B.T. (Evidential Breath Test)

Reason (check one)

- Pre-employment Post accident Reasonable cause
- Random Return to duty Follow-up Testing

INSTRUCTIONS FOR APPLICANTS

Picture IDENTIFICATION is required.

- PHYSICAL EXAM - Bring glasses or contacts if worn. Arrive a minimum of 30 minutes before closing time
- DRUG TEST - If you are required to give a urine specimen for a drug test as a part of a physical examination **DO NOT URINATE** just prior to arriving.
- ALCOHOL TEST - Avoid eating, drinking, belching, or putting anything in your mouth 15 minutes prior to test..
- TB SKIN TEST - Notify the Spectrum Health Occupational Services staff prior to the test if you have ever had a positive skin test. If you receive a TB skin test, you **MUST RETURN** to the Spectrum Health Occupational Services location after 48 hours but before 72 hours to have this test read.
- AUDIOMETRY - OSHA requires that persons receiving audiometric testing should not be exposed to loud noise, without the benefit of hearing protection, for a least 14 hours before an audiometric test is performed.
- BLOOD TESTS - Verify with your employer, prospective employer or with a Spectrum Health Occupational Services location 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.

Children are not allowed in the clinical area due to the procedures being performed. If you must bring a child, please bring an adult to supervise
 Examinees who do not have scheduled appointments may experience longer waits. Call to schedule an appointment at (231) 592-4382