

**COMPANY  
ADDRESS**

**Drug/Alcohol Collection: Corporate Account XXXX**  
Add COMPANY Occ Med Specialty Billing  
**NON-INJURY/PHYSICALS: Corporate Account XXXX**  
Add COMPANY Occ Med Specialty Billing  
**INJURY/WORK COMP:**  
W/C Guarantor:  
Claim # \_\_\_\_\_

**Follow Up Paperwork:**

**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*) * <a href="#">Code of Federal Regulations § 416.967 (ssa.gov)</a> <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: _____
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<b>Recommended location for all employment/work related services</b>	<b>Walk-in clinics available for after-hours care:</b>		
<input type="checkbox"/> <b>Lakeland Occupational Health</b> 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 Drug/Alcohol Collection: M-F 8am – 4pm <b>Appointments advised. Call clinic prior to sending employee for injury care.</b> <a href="mailto:shloccupationalhealth@spectrumhealth.org">shloccupationalhealth@spectrumhealth.org</a>	<input type="checkbox"/> <b>Lakeland Hospital – Watervliet</b> <b>Walk-in Clinic</b> 400 Medical Park Drive Watervliet, MI 49098 Phone: 269-463-3600 Fax: 269-463-8206 Open 7 days a week 8 am – 8 pm Drug and alcohol collection: M-F 8a-7p, Sat and Sun 10a-7p	<input type="checkbox"/> <b>Lakeland/Southwestern</b> <b>Medical Clinic – Niles</b> <b>Walk-in Clinic</b> 2002 South 11 <sup>th</sup> Street Niles, MI 49120 Phone: 269-687-0200 Fax: 269-684-0199 Drug/Alcohol Collection: M-F 8am– 4:30pm	<input type="checkbox"/> <b>Lakeland/Southwestern</b> <b>Medical Clinic – Stevensville</b> <b>Walk-in Clinic</b> 5515 Cleveland Avenue Stevensville, MI 49127 Phone: 269-429-9677 Fax: 269-429-4002 M-F 7am-7pm Sat. 8am-1pm Drug/Alcohol collection: M-F 8am - 3:00pm
<b>ER locations available for emergency injuries:</b>	<input type="checkbox"/> <b>Lakeland Hospital St Joseph</b> , 1234 Napier Ave, St. Joseph, MI 49085 <input type="checkbox"/> <b>Lakeland Hospital Niles</b> , 31 N. St. Joseph Ave, Niles, MI 49022 <input type="checkbox"/> <b>Lakeland Hospital Watervliet</b> , 400 Medical Park Dr., Watervliet, MI 49098		

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print)

Authorized By: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Signature)

**Employer: For appointments at LOH please instruct employee to bring this form to appointment and fax/email the form to LOH (269) 408-4174**  
Updated: