

WorkFitMedical Authorization for Services Date:	
Employee Name:	Company Name:
Date of Birth:	Company Contact:
Employee Contact #:	Company Contact #:
I hereby authorize the following services to be perform	med on above named Employee:
Reason for Visit	Vaccinations/Lab Testing
☐ Pre-Employment	Hepatitis A
☐ Reasonable Suspicion	☐ Vaccine ☐ Titer
☐ Post-Accident	Hepatitis B
☐ Random Testing	☐ Vaccine ☐ Titer
☐ Follow-Up	MMR
☐ Return to Duty	☐ Vaccine ☐ Titer
	Varicella
Substance Abuse Testing	☐ Vaccine ☐ Titer
Type of Lab	☐ Tetanus (TD)/T-DAP Vaccine
☐ House Lab ☐ Collect Only	☐ Flu Vaccine
Type of Test	☐ Measles Titer
□ DOT □ Non-DOT	☐ Rubeola Titer
Method of Test	☐ Rubella Titer
□Urine □ Hair □ Saliva	☐ PPD (TB Skin Test)
Test Panel	☐ Lead
□ 5 Panel □ 10 Panel □ Other:	
Breath Alcohol Test	☐ ZPP
□ DOT □ Non-DOT	☐ Other:
Physical Exams	1.1
Reason for Physical	Injury Care
☐ Initial/Pre-Employment ☐ Recertification/Annual	☐ Workers Compensation
Type of Test ☐ Basic Physical Exam (Non-DOT)	Additional Commissa
Return to Work	Additional Services
☐ Annual Health Update	☐ Chest X-Ray – Standard
☐ Fit for Duty	☐ Chest X-Ray w/ B-Read
☐ School/Sports Physical	Pulmonary Function Test (PFT)
□ DOT/CDL Physical Exam	☐ EKG
☐ 19-A Physical Exam	☐ Full Audiogram
☐ Silica Physical Exam (includes Questionnaire)	☐ Full Vision
☐ Asbestos Physical Exam (includes Questionnaire)	☐ Ishihara Color Vision
Respirator Fit Test Required	☐ HPE – Human Performance Evaluation
Respirator Physical Exam (includes Questionnaire)	☐ Respirator Fit Test

☐ Respirator Fit Test Required 1160 Chili Avenue, Suite 200 Rochester, NY 14624 (585) 426-4990 Phone

(585) 426-4997 Fax

☐ Asbestos Review

☐ Hazmat Physical □Basic

☐ Firefighter Physical \square Interior

 \square Respirator Physical Exam (includes Questionnaire)

☐ Extended Labs

☐ Exterior

☐ Respirator Fit Test Required

178 Washington Avenue Batavia, NY 14020 (585) 343-0334 Phone (585) 343-0336 Fax

1971 Western Avenue, Suite 4 Albany, NY 12203 (518) 452-2597 Phone (518) 452-0769 Fax

☐ Respirator Questionnaire Only

☐ Other: _____