

Employee Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Employee Contact #: \_\_\_\_\_

Company Name: \_\_\_\_\_  
 Company Contact: \_\_\_\_\_  
 Company Contact #: \_\_\_\_\_

I hereby authorize the following services to be performed on above named Employee:

**Reason for Visit**

- Pre-Employment
- Reasonable Suspicion
- Post-Accident
- Random Testing
- Follow-Up
- Return to Duty

**Substance Abuse Testing**

**Testing type**

- WorkFit House  Collect Only

**DOT TESTING**

- Urine Drug  Breath Alcohol

**NON DOT TESTING**

**Rapid**

- 5 Panel w/ THC  5 Panel w/o THC  10 Panel w/THC  11 Panel w/o THC

**Lab**

- 5 Panel w/ THC  5 Panel w/o THC  7 Panel w/o THC  10 Panel w/o THC  10 Panel w/ THC

**Hair**

- 5 Panel w/ THC  4 Panel w/o THC  Exp. Opiate

**Breath Alcohol**

- Yes  No

**Physical Exams**

**Reason for Physical**

- Initial/Pre-Employment  Recertification/Annual

**Type of Test**

- Basic Physical Exam (Non-DOT)
  - Return to Work
  - Annual Health Update
  - Fit for Duty
  - School/Sports Physical
- DOT/CDL Physical Exam
- 19-A Physical Exam
- OSHA Physical Exam- Choose Clearance Needed Below
  - Silica/Respirator Clearance
  - Hazmat/Respirator Clearance
  - Asbestos/Respirator Clearance
  - Respirator ONLY Clearance

**Firefighter Physical**

- Interior  Exterior
- Respirator Fit Test Required

**Vaccinations/Lab Testing**

Hepatitis A

- Vaccine  Titer

Hepatitis B

- Vaccine  Titer

MMR

- Vaccine  Titer

Varicella

- Vaccine  Titer

- Tetanus (TD)/T-DAP Vaccine

- Flu Vaccine

- Measles Titer

- Rubella Titer

- Rubella Titer

- PPD (TB Skin Test)

- Lead

- ZPP

- Other: \_\_\_\_\_

**Injury Care**

- Workers Compensation

**Additional Services**

- Chest X-Ray – Standard
- Chest X-Ray w/ B-Read
- Pulmonary Function Test (PFT)
- EKG
- Full Audiogram
- Full Vision
- Ishihara Color Vision
- HPE – Human Performance Evaluation
- Respirator Fit Test
- Respirator Questionnaire Only
- Other: \_\_\_\_\_

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