

Authorization for Services

Date: _____

Employee Name: _____

Company Name: _____

Date of Birth: _____

Company Contact: _____

Employee Phone #: _____

Company Phone #: _____

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

Reason for Visit

- Physical
- Substance Abuse Testing
- Lab testing / Vaccines
- Post-Accident
- Other

Physical Exam

Reason For Physical

- Initial/Pre-Employment Recertification/Annual

TYPE OF TEST

- Basic Physical Exam (NonDOT)
- Return to Work Fit For Duty
- Annual Health Update School/Sport
- 19-A Physical Exam
- DOT/CDL Physical Exam
- OSHA Respirator OSHA HAZWOPER
- OSHA Silica OSHA Asbestos
- OSHA Lead OSHA Other _____
- Firefighter Interior Firefighter Exterior
- Firefighter Exterior w/ SCBA
- Workers Compensation

Vaccinations/Lab Testing

- Hepatitis A Vaccine Hepatitis A Titer
- Hepatitis B Vaccine Hepatitis B Titer
- Hepatitis B Titer Quantitative
- MMR Vaccine MMR Titer
- Varicella Vaccine Varicella Titer
- Tetanus (TD) Vaccine T-DAP Vaccine
- Measles Titer Rubeola Titer
- Rubella Titer
- PPD (1 Step) PPD (2 Step)
- QuantiFERON Gold T-Spot
- Lead ZPP
- Flu Vaccine

Substance Abuse Testing

TESTING REASON

- Employment Random Other: _____

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 Other _____

HAIR

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

- BREATH ALCOHOL

- Observed testing?

Additional Services

- Chest X-Ray Standard Chest X-Ray w/ B-Read
- Pulmonary Function Test (PFT)
- EKG
- HPE (Human Performance Evaluation)
- Full Audiogram
- Full Vision
- Vision Other _____
- Qualitative Mask Fit Quantitative Mask Fit
- Respirator Questionnaire Review
- Rapid Antigen COVID test
- Lab PCR COVID test Rapid PCR COVID test