



New Account Information

Date: _____

Company Name: _____
Address: _____ City: _____
State: _____ Zip: _____

GENERAL CONTACT INFORMATION

Main Contact: _____
Email Address _____ Phone: _____ Fax: _____

Authorization Required? Yes No

Results will be received via the WorkFit NetHealth Employer Portal. Please indicate below who you would like to have access to this portal (email address is required).

Designated Employer Representative (DER*): _____
Email Address _____ Phone: _____ Fax: _____

Designated Employer Representative (2nd): _____
Email Address _____ Phone: _____ Fax: _____

The DER will receive company results for Drug Testing

BILLING CONTACT INFORMATION (if same as general contact, you can just write see above)

A/P Contact: _____
Address: _____
City _____ State: _____ Zip: _____
Email Address _____ Phone: _____
Fax: _____

Do you have a TPA (Third Party Administrator)? Yes No

If so, TPA Name: _____

W/C Insurance Carrier: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

STANDARD COMPANY SERVICES

Please complete attached WorkFit Authorization Form indicating your standard services

Company Specific Notes/Protocols: _____

Signature: _____ Print Name : _____
Job Title: _____

New Account Standard Services Protocol

Please select the services that will comprise your
company's standard protocol

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

Vaccinations/Lab Testing

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

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

LAB

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

HAIR

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

BREATH ALCOHOL

- Observed testing?

Additional Services

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