New Account Information

Date: _____

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

GENERAL CONTACT INFORMATION

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

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 _____
Would you prefer invoices to be emailed? (Will come as an encrypted email): ☐Yes ☐No
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

Estimated number of employees utilizing our services: _____

Which location will you be utilizing? _____ Albany _____ Rochester _____ Both

Company Specific Notes/Protocols: _____

_____

Signature: _____ Print Name: _____
Job Title: _____

1160 Chili Ave, Suite 200
Rochester, NY 14624
frontdeskROC@workfitmedical.com
(585) 426-4990 Phone
(585) 426-4997 Fax

1881 Western Ave, Suite 130
Albany, NY 12203
frontdeskALB@workfitmedical.com
(518) 452-2597 Phone
(518) 556-3191 Fax

WorkFitMedical
Occupational Health Services

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 ☐ 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 ☐ Other _____

Substance Abuse Testing

TESTING REASON

☐ Employment ☐ Random ☐ Other: _____

TESTING TYPE

☐ WorkFit House ☐ Collect Only

DOT TESTING

☐ Urine Drug ☐ Breath Alcohol

NON-DOT TESTING

Lab

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

Automated Rapid

- ☐ 5 Panel w/ THC
- ☐ 10 Panel w/ THC
- ☐ 13 Panel w/ THC
- ☐ 5 Panel w/o THC
- ☐ 6 Panel w/o THC
- ☐ 9 Panel w/o THC
- ☐ 11 Panel w/o THC
- ☐ 12 Panel w/o THC

HAIR

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

☐ NonDOT Breath Alcohol ☐ Observed Drug Test

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

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