|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| C:\Users\csmall\Desktop\carespot-logo.png | | | | | | | **Authorization for Occupational Health Services** | | | | | | |
| **This is authorization to examine or treat:** *(applicant or employee name)* | | | | | | | | | | | | | **Date:** |
| **Authorization Signature:** *(required)* | | | | | | | **Authorizer Name:** *(print)* | | | | | | |
| **Company Contact:** | | | | | | | **Company Name:** | | | | | | |
| **Phone:** | | | | | | | **Fax:** | | | | | | |
| **Billing Address:** | | | | | | | | | | | | | |
| **WC Insuruer:** | | | | | | | **WC Adjuster:** | | | | | | |
| **Phone:** | | | | | | | **Fax:** | | | | | | |
| **Services Requested** | | | | | | | | | | | | | |
| **Workers’ Compensation Claim** | | | Medical treatment of injury or exposure. Please describe: | | | | | | | | | | |
| |  | | --- | |  | |  | | | | | | | | | | | | | | |
| Is Alternative work available? Yes No | | | | | | | Fax Return to Work form to: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **Drug Free Workplace Testing (ID required)** | | | | | **Physical Examination** | | | | | | **Vaccines and Ancillary Service** | | |
| Choose one: |  | | | |  | | | | | |  | | |
| * Blood Alcohol | | | | * Basic Employment Physical | | | | | | * Tuberculosis test | | |
| * DOT 7-panel   *(must specify testing authority agency below)* | * Hair Testing | | | | * Intermediate Employment Physical | | | | | | * Laboratory: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| * Instant | | | | * Executive Employment Physical | | | | | | * Vaccination: * Tetanus / Tdap Hepatitis A * Flu Hepatitis B * Other: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| * eScreen | | | | * OSHA surveillance * Respirator clearance * Other: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| * DOT Breath Alcohol | * Saliva | | | |
| * FL DFW 5-panel | Also Choose: | | | |
| * FL DFW 8-panel |
| * FL DFW 9-panel | * Pre-employment | | | | * DOT certificate | | | | | | * Urine analysis | | |
| * FL DFW 10-panel | * Post-accident | | | | * Fitness-for-duty | | | | | | * EKG (heart) | | |
| * SAP 10-panel | * Return to work | | | | * International travel | | | | | | * Spirometry (lungs) | | |
| * **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | * For-cause | | | | * Independent medical | | | | | | * X-ray w/ written referral | | |
|  | * Random | | | | * Evaluation | | | | | | * X-ray w/ office visit for physician referral | | |
|  | * Collection Only: | | | | * Other: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | * Other: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |  | | | | | |  | | |
| Testing Authority Agency:  *(required for DOT 7-panel)* | * HHS | * NRC | | * FMCSA | | * FAA | | * FRA | * FTA | * PHMSA | | * USCG | |