

AUTHORIZATION FORM

Patient must present photo ID at time of service

Company: _____ Date: _____

Authorized By: _____ Phone: _____

Patient Name: _____

Date of Birth: _____

Please check all boxes that apply:

WORK RELATED:

Injury Date of Injury: _____

DRUG SCREEN: *Call ahead to schedule in Clinton.

TYPE: DOT Non-DOT Urine (send to lab)

(Specify DOT Agency: FMCSA FAA FRA FTA PHMSA USCG)

Rapid Urine 5-Panel 5-Panel, no THC 9-Panel 10-Panel 10-Panel, no THC

Collection Only (use company chain of custody form)

REASON FOR TESTING: Pre-Placement* Random Follow Up Post Accident Reasonable Suspicion

BREATH ALCOHOL SCREEN:

TYPE: DOT Non-DOT

REASON FOR TESTING: Pre-Placement Random Follow Up Post Accident Reasonable Suspicion

PHYSICAL EXAMINATION:

Pre-Placement Annual Respirator Other

DOT EXAMINATION:

Pre-Placement Re-Certification

IMMUNIZATIONS:

Hep A Hep B Flu Varicella Tetanus MMR Other

OTHER:

Pulmonary Function Test TB Skin Test TB Quantiferon Gold Audiogram Functional Screen

Labs: _____

Please write in any services requested that are not listed above:

Clinton Occupational Health
915 13th Ave. N., Clinton, IA
T 563-244-5742 F 563-243-7288
Hours: M-Th 8 a.m.-4 p.m.
Friday 8 a.m.-noon

Northwest Occupational Health
1520 W. 53rd St., Davenport, IA
T 563-421-3840 F 563-421-3849
GHS_GOH-Davenport53rd@MercyOne.org
Hours: M-F 8 a.m.-5 p.m.

Moline Occupational Health
2526 41st St., Moline, IL
T 309-281-2700 F 309-281-2709
GHS_GOH-Moline@MercyOne.org
Hours: M-F 8 a.m.-5 p.m.