MERCYONE℠

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.

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