

occupational health authorization form



Patient Information

| | |
|--|-------|
| Patient name: | DOB: |
| Reason for service: <input type="checkbox"/> Employment <input type="checkbox"/> School <input type="checkbox"/> Other | |
| Signature: | Date: |

Employer Information (if applicable)

| | | | |
|---|-------------------------|--------|------|
| eScreen account # (if applicable): | | | |
| Company name: | | | |
| Company address: | City: | State: | Zip: |
| Services scheduled date/time: | Services exp date/time: | | |
| Name and title of person authorizing treatment (please print): | | | |
| Signature: | Phone: | | |
| Preferred communication (please check all that apply): <input type="checkbox"/> phone <input type="checkbox"/> fax (secure) <input type="checkbox"/> email (secure) <input type="checkbox"/> mail | | | |
| After-hours contact and phone number: | | | |

DER Information (if applicable)

| | |
|--|----------|
| DER/Company contact for results and/or physician call: | |
| DER email: | DER fax: |

Billing Address/TPA (only if different than above)

| | | | |
|----------|-------|--------|------|
| Name: | | | |
| Address: | City: | State: | Zip: |
| Phone: | Ext: | Fax: | |

occupational health authorization form (con't)



Patient Information

Patient name:

DOB:

Step One (if applicable)

Check the following:

- Using MedExpress Lab & MRO
- Using Company-Provided Lab & MRO

Step Two (UDS and BAT only)

Reason for testing:

- Pre-Employment
- Post-Accident
- Random
- Reasonable Suspicion
- Return to Duty
- Follow up (DOT Return to Duty & Follow up Testing must be observed)

Step Three

Please select all services to be performed.

DOT Drug/Alcohol Testing:

- DOT Urine Drug Screen (5-Panel only)
- DOT Breath Alcohol Test

Select the modality:

- FMSCA FTA FRA FAA PHMSA USCG

Non-DOT Drug/Alcohol Testing:

- Rapid Urine Drug Testing Send out Urine Drug Screen
 - 5-Panel 10-Panel Custom Panel #

- Breath Alcohol Test
- Hair Collection
 - 5-Panel or 5-Panel w/exp Opiates
- Blood Alcohol (state specific)

Physical Examinations:

- DOT
 - New certification Re-certification
 - Interstate Intrastate
- Standard Pre-Employment (non-DOT)
- eScreen ePhysical non-DOT look-alike
- Special Company Form (Requires approval - contact your Account Executive)
- Other

Other Services:

- TB Skin Test
 - 1 Step or 2 Step
- QuantiFERON®-TB Gold Plus
- Communicable Disease Statement
- TD Tdap
- Hep B Vaccine
 - 1st 2nd 3rd
- Flu Shot
- Point-of-Case Lipid Panel + Glucose

Labs:

- Blood Draw - Collection Only
- Hep C Titer Hep B Titer
- MMR Titer CMP CBC Other

Additional Services (Please call the Outcome Assurance Team to verify 304-985-6324):

- Hep A Vaccine

Special Instructions:

Internal Use Only

- Employee did not arrive by the expiration date Notified/called DER (no show only) FOA initials:

Athena account #:

Collect Payment From:

- Employer with active profile Employer - Pay at time of service Patient - Pay at time of service
- TPA authorization WC UDS/BAT - No company profile