

**AUTHORIZATION FOR MEDICAL SERVICES**

COMPANY NAME		EMPLOYEE'S NAME	
IF TEMPORARY EMPLOYEE – NAME OF TEMPORARY AGENCY			
AUTHORIZED BY (SIGNATURE)		DATE SIGNED	PRINTED NAME
TITLE		PHONE NO.	
_____ Work-Related Injury		Date of Injury: _____	

**PHYSICAL EXAMS** Check examination requested. Please request any other testing below.

- \_\_\_\_\_ Post-offer Exam (Send job description if available)
- \_\_\_\_\_ DOT Exam – New certification **CDL** \_\_\_ **Non-CDL Physical Card Only** \_\_\_
- \_\_\_\_\_ DOT Exam Re-certification **CDL** \_\_\_ **Non-CDL Physical Card Only** \_\_\_
- \_\_\_\_\_ Travel Clinic
- \_\_\_\_\_ FAA Physical
- \_\_\_\_\_ School Bus Physical
- \_\_\_\_\_ Respirator Examination
- \_\_\_\_\_ Driving School Instructor Physical
- \_\_\_\_\_ Medical Surveillance Exam – Initial / Baseline: Type of exposure \_\_\_\_\_
- \_\_\_\_\_ Medical Surveillance Exam – Annual / Interim: Type of exposure \_\_\_\_\_
- \_\_\_\_\_ WorkSteps Exam
- \_\_\_\_\_ Other: \_\_\_\_\_

**OTHER TESTING**

- \_\_\_\_\_ Hearing Test (audiogram) \_\_\_\_\_ Chest X-Ray \_\_\_ 1 View \_\_\_ 2 View
- \_\_\_\_\_ Titmus Vision \_\_\_\_\_ Urinalysis
- \_\_\_\_\_ Pulmonary Function Test (spirometry)
- \_\_\_\_\_ Respirator Fit Testing - Quantitative
- \_\_\_\_\_ Respirator Fit Testing - Qualitative
- \_\_\_\_\_ Lab (Specify) \_\_\_\_\_

**IMMUNIZATIONS/VACCINATIONS**

- \_\_\_\_\_ Hepatitis B \_\_\_\_\_ Hepatitis A \_\_\_\_\_ Twinrix (HepA&B Combo)
- \_\_\_\_\_ Tetanus \_\_\_\_\_ Typhoid
- \_\_\_\_\_ TB Skin Test (PPD) \_\_\_\_\_ Flu Vaccine
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

**SUBSTANCE ABUSE TESTING (Must have photo ID) Check type of test(s) and reason for test**

<b>TEST REQUIRED:</b>	<b>REASON FOR TEST:</b>
_____ Urine Drug Screen w/MRO - DOT**	_____ Pre-placement/Post Offer
_____ Urine Drug Screen w/MRO – Non DOT	_____ Reasonable cause
_____ Urine Drug Screen – Collection Only	_____ Follow-up
_____ Instant Drug Screen ( <i>pre-employment only</i> )	_____ Random
_____ Breath Alcohol Test – DOT	_____ Post Accident
_____ Breath Alcohol – Non DOT	_____ Return to Duty
_____ Saliva Alcohol Test – Non-DOT	

**\*\*For Federal Drug Testing, please specify Testing Authority:**

- \_\_\_\_\_ HHS \_\_\_\_\_ NRC \_\_\_\_\_ DOT - Please Specify DOT Agency:
- \_\_\_\_\_ FMCSA \_\_\_\_\_ FAA \_\_\_\_\_ FRA \_\_\_\_\_ FTA \_\_\_\_\_ PHMSA \_\_\_\_\_ USCG

Please complete Authorization for Services on reverse side.

**Hours:** Mondays – Friday - 7:00 am – 5:00 pm

**Directions to Carroll Occupational Health**

- From Baltimore:** Take 795 North to 140 West (to Westminster for approximately 12 miles). Take the Rt. 97 North exit (to Union Mills). Bear right off of the ramp onto Rt. 97. At the first stoplight, make a right turn onto Corporate Center Court. Make right at 1<sup>st</sup> entrance to Bldg. 700.
- From Frederick and points West:** Take 26 East to 31 East (to New Windsor). Take 140 East. Bear right on 97 North (to Union Mills). At stop sign, make left onto 97 North. Make right onto Corporate Center Court. Make right at 1<sup>st</sup> entrance to Bldg. 700.
- From points North:** Take 97 South. Make left on Corporate Center Court. Make right at 1<sup>st</sup> entrance to Bldg. 700.

Effective October 1, 2000, we will no longer be able to supervise unattended children in our clinics. We ask you to notify your employees to make appropriate child care arrangements before accessing services at one of our locations.

