

Check One:



### AUTHORIZATION FOR MEDICAL SERVICES

COMPANY NAME	EMPLOYEE'S NAME
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IF TEMPORARY EMPLOYEE – NAME OF TEMPORARY AGENCY \_\_\_\_\_

AUTHORIZED BY (SIGNATURE)	DATE SIGNED	PRINTED NAME
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TITLE	PHONE NO.
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\_\_\_\_\_ **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** \_\_\_

\_\_\_\_\_ DOT Exam -- Re-certification    **CDL** \_\_\_ **Non-CDL** \_\_\_

\_\_\_\_\_ FAA Physical      \_\_\_\_\_ Travel Clinic

\_\_\_\_\_ School Bus Physical      \_\_\_\_\_ Driving School Instructor Physical

\_\_\_\_\_ Respirator Examination

\_\_\_\_\_ 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

\_\_\_\_\_ Respirator Fit Testing - Quantitative      \_\_\_\_\_ Pulmonary Function Test (Spirometry)

\_\_\_\_\_ Lab (Specify) \_\_\_\_\_

**COVID TESTING (BY APPOINTMENT FOR ASYMPTOMATIC EMPLOYEES ONLY – Must call to schedule)**

\_\_\_\_\_ COVID-19 Nasal Swab

\_\_\_\_\_ COVID-19 Antibody (Blood) Test

*\*\*Employers should send their symptomatic employees to the designated state testing site in their area\*\**

**IMMUNIZATIONS/VACCINATIONS**

\_\_\_\_\_ Hepatitis B      \_\_\_\_\_ Hepatitis A      \_\_\_\_\_ Twinrix (HepA&B Combo)

\_\_\_\_\_ Tetanus/TDAP      \_\_\_\_\_ 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**

TEST REQUIRED:	REASON FOR TEST:
_____ Urine Drug Screen w/MRO - DOT** (CDL Drivers)	_____ Pre-Placement/Post Offer
_____ Urine Drug Screen w/MRO - Non-DOT (Non-CDL Drivers)	_____ Reasonable Cause
_____ Urine Drug Screen – Collection Only	_____ Follow-Up
_____ Instant Drug Screen (pre-employment only)	_____ Random
_____ COMAR – Law Enforcement	_____ Post-Accident
_____ Breath Alcohol Test – DOT	_____ Return to Duty
_____ Breath Alcohol – Non-DOT	

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

\_\_\_\_\_ HHS    \_\_\_\_\_ NRC    \_\_\_\_\_ DOT - Please Specify DOT Agency:

\_\_\_\_\_ FMCSA    \_\_\_\_\_ FAA    \_\_\_\_\_ FRA    \_\_\_\_\_ FTA    \_\_\_\_\_ PHMSA    \_\_\_\_\_ USCG

FHES (08/20)

Please complete Authorization for Services on reverse side.

**Locations:**



**Frederick Health Employer Solutions**  
490-L Prospect Blvd  
in the Weis Festival Plaza  
Frederick, MD 21701  
**Appointments: 240-566-3001**  
**FAX: 240-566-3003**  
**Hours: Monday – Friday, 7 a.m. – 5 p.m.**



**Carroll Occupational Health**  
700-B Corporate Center Court, Suite A  
Westminster, MD 21157  
**Appointments: 410-871-0470**  
**Fax: 410-871-0743**  
**Hours: Monday – Friday, 7 a.m. – 5 p.m.**

**We are no longer able to supervise unattended children in our clinics. We ask you to notify your employees to make appropriate child care arrangements before obtaining services at one of our locations.**