

Occupational Health Center – Company Authorization Form

Company:	Date:
Authorizing Person:	Phone:
Employee Name:	

Requested Services:							
Type of Drug Screen:	Rapid 5	Rapid 10	DOT 5 Panel (Specify Agency)	5 Panel Non-DOT	10 Panel Non-DOT		
Reason for DS:	Pre-Employment	Random	Reasonable Suspicion	Return to Duty	Follow-Up	Post Accident	Other
Breath Alcohol Test:		DOT			Non-DOT		
Reason for BAT:	Pre-Employment	Random	Reasonable Suspicion	Return to Duty	Follow-Up	Post Accident	Other
Physical/Injury:	Pre-Employment	DOT	Coast Guard	Fit for Duty	Annual	Injury	
Other Services:							
Respirator Fit Test				Type of Mask(s)			
PFT	Audiogram	EKG	Blood Work(Type)	X-Ray(Type)	Vaccination (Type)		
OSHA Respirator Questionnaire w/ Physician Clearance				Other:			

Authorizing Signature

Requested Physician _____ Dr. Taylor _____ Dr. Hamilton _____ Either