



☐ **MOBILE**  
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2050 Michigan Avenue  
Mobile, AL 36615

☐ **PASCAGOULA**  
228.762.4642  
5912 Old Mobile Ave., Ste. 1  
Pascagoula, MS 39581

☐ **MT. VERNON**  
251.265.1215  
950 Coy Smith Hwy  
Mt. Vernon, AL 36560

Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

Secondary Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

DER contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Physical Requirements:** See next page

**Workers' Compensation Information:**

Do you require drug test and/or breath alcohol test? ☐ YES ☐ NO If yes, which type? \_\_\_\_\_

Where do you want us to send your workers' compensations bills? ☐ Company ☐ Insurance

Billing Information: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_



**Physical:**

- ☐ Non-DOT      ☐ DOT Physical      ☐ Coast Guard      ☐ OGUK/UKOOA

**Drug Test:**

- ☐ Rapid 5 or 10-panel    ☐ DOT Drug Screen    ☐ Non-Fed 5 or 10 panel    ☐ Drug Screen Collection
- ☐ Hair Collection      ☐ Hair Analysis (Our COC)

**Breath Alcohol Test:**

- ☐ DOT Breath Alcohol Test      ☐ Non-Fed Breath Alcohol Test

**Medical Screening/Testing:**

- ☐ Respirator Medical Questionnaire      ☐ Pulmonary Function Test
- ☐ Fit Test – Mask(s)    Type: \_\_\_\_\_
- ☐ Audiogram      ☐ Vision Testing/Depth Perception
- ☐ Chest X-ray      ☐ Lumbar X-ray
- ☐ EKG

**Labs:**

- ☐ OHC Lab Requisitions      ☐ Company Lab Requisitions
- ☐ CBC      ☐ Chemistry Profile    ☐ Lipid Profile      ☐ Hemoglobin A1C
- ☐ Urinalysis w/micro    ☐ Other: \_\_\_\_\_

**Immunizations:**

- ☐ TB Test      ☐ Hepatitis A series    ☐ Hepatitis B series      ☐ Twinrix
- ☐ Overseas travel immunizations (Based on recommendation of the CDC)