



Company: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Applicant/Employee Name: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Phone: \_\_\_\_\_

**SERVICES AUTHORIZED/REQUESTED**

**Physical Examination:**

DOT	Non-DOT	Other: _____		
Re-cert	Pre-Employment	Annual	Fit-for-Duty	OGUK/UKOOA

**Labs/Vaccines/Titers:**

Influenza Vaccine	Varicella Vaccine	
HepB Vaccine	MMR Vaccine	Tdap Vaccine
Other Vaccine: _____		
HepB Titer	Varicella Titer	MMR Titer
RAPID Covid	Covid Reg PCR	Covid STAT PCR
TB Skin Test	Quantiferon TB Gold	

**Medical Screening/Testing:**

Pulmonary Function Test  
Audiogram  
Vision Testing  
Chest X-Ray  
Lumbar X-Ray

**Respirator Testing:**

Respirator Fit Test – Mask Make/Model: \_\_\_\_\_  
OSHA Respirator Clearance Questionnaire

**Drug & Alcohol Testing:**

Reason for Test (REQUIRED): \_\_\_\_\_

Testing Authority:	Non-DOT	DOT	Instant/Rapid	
Panel:	5-Panel	10-Panel	12-Panel	Other: _____
	Hair 5-Panel	Hair 5-Panel w/Extended Opiates		Oral Fluid

**Alcohol Test:** DOT Non-DOT

**Work Comp/Injury:**

Work Comp Adjuster Name/Phone: \_\_\_\_\_  
Work Comp Claim Number: \_\_\_\_\_

For the Mobile or Mt. Vernon Clinics, email authorization to: [authorization@occupationalhc.com](mailto:authorization@occupationalhc.com)

For the Pascagoula Clinic, email authorization to: [ohcpascagoula@occupationalhc.com](mailto:ohcpascagoula@occupationalhc.com)