



Patient/Employee Name \_\_\_\_\_

Job Title/Category: \_\_\_\_\_

Employer Name \_\_\_\_\_

Date \_\_\_\_\_

Bill Employer

Employee to pay at time of service

Employer - Please check boxes for services required

Please do not bring children to clinic for your appointment/testing.

**Physical Examination - call 855-525-3622 to schedule appointment**

Pre-placement       Annual       Return to Work

**DOT Physical Examination - call 855-525-3622 to schedule appointment**

Initial       Recertification

**Special Physical Examination - call 855-525-3622 to schedule appointment**

Respirator Clearance       Asbestos       Fit Testing (needs mask)

JPA/FCE       OSHA Audio Retest       Other \_\_\_\_\_

**Drug and Alcohol Testing - walk in testing available**

Urine Drug Screen       Alcohol       Drug - Collection Only

DOT       Breath

Non-DOT       Urine       Hair/RIAH

Synthetic Marijuana/K2/Spice

Bath Salts

**Reason for Drug & Alcohol Testing**

Preplacement       Random       Reasonable Suspicion

Post Accident       Follow Up       Return to work

**Other Testing - walk in testing available**

Fingerprinting

TB Testing

BCI      Code(s): \_\_\_\_\_

1 Step (PPD)

FBI      \_\_\_\_\_

2 Step

BCI/FBI      \_\_\_\_\_

T-Spot

OSHA Audio Baseline

Lift Test      Maximum Wt: \_\_\_\_\_ lbs

OSHA Audio Annual

Respirator Questionnaire Review

**Injury Care only**

\_\_\_\_\_

Hepatitis B Surface Antibody

Hepatitis B vaccination # 1

Hepatitis B vaccination # 2

Hepatitis B vaccination # 3

Special Instructions/comments: \_\_\_\_\_

Job Description for physical: \_\_\_\_\_

\*\*\*\*Due to the nature of these specific services, only the patient and staff are allowed in the testing area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical facility.

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Sign