Corporate Occupational Health Solutions - Frederick
490-L Prospect Blvd, in the Weis Festival Plaza, Frederick, MD 21701
Appointments: 240-566-3001, FAX: 240-566-3003

AUTHORIZATION FOR MEDICAL SERVICES

COMPANY NAME	**EMPLOYEE'S NAME**	
IF TEMPORARY EMPLOYEE – NAME OF TEMPORARY AGENCY		
AUTHORIZED BY *(SIGNATURE)*	**DATE SIGNED**	**PRINTED NAME**
TITLE	**PHONE NO.**	

_____ **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 Physical Card Only** ___
_____ DOT Exam Re-certification **CDL** ___ **Non-CDL Physical Card Only** ___
_____ Travel Clinic
_____ FAA Physical
_____ School Bus Physical
_____ Respirator Examination
_____ Driving School Instructor Physical
_____ Medical Surveillance Exam – Initial / Baseline: Type of exposure _____
_____ Medical Surveillance Exam – Annual / Interim: Type of exposure _____
_____ WorkSteps Exam
_____ Other: _____

OTHER TESTING

_____ Hearing Test (audiogram)
_____ Titmus Vision
_____ Pulmonary Function Test (spirometry)
_____ Respirator Fit Testing - Quantitative
_____ Respirator Fit Testing - Qualitative
_____ Lab (Specify) _____

_____ Chest X-Ray ___ 1 View ___ 2 View
_____ Urinalysis

IMMUNIZATIONS/VACCINATIONS

_____ Hepatitis B
_____ Tetanus
_____ TB Skin Test (PPD)
_____ Other (specify) _____

_____ Hepatitis A
_____ Typhoid
_____ Flu Vaccine

_____ Twinrix (HepA&B Combo)

SUBSTANCE ABUSE TESTING (*Must have photo ID*) Check type of test(s) and reason for test

TEST REQUIRED:

_____ Urine Drug Screen w/MRO - DOT**
_____ Urine Drug Screen w/MRO – Non DOT
_____ Urine Drug Screen – Collection Only
_____ Instant Drug Screen *(pre-employment only)*
_____ Breath Alcohol Test – DOT
_____ Breath Alcohol – Non DOT
_____ Saliva Alcohol Test – Non-DOT

REASON FOR TEST:

_____ Pre-placement/Post Offer
_____ Reasonable cause
_____ Follow-up
_____ Random
_____ Post Accident
_____ Return to Duty

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

_____HHS _____ NRC _____ DOT - Please Specify DOT Agency:
_____FMCSA _____ FAA _____ FRA _____ FTA _____ PHMSA _____ USCG

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Please complete Authorization for Services on reverse side.

Hours: Monday – Friday, 7 a.m. – 5 p.m.

Effective October 1, 2000, we will no longer be 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.