

AUTHORIZATION FOR MEDICAL SERVICES

COMPANY NAME		EMPLOYEE'S NAME	
IF TEMPORARY EMPLOYEE – NAME OF TEMPORARY AGENCY			
I authorize to you to provide this employee with the medical attention indicated below. I further acknowledge my company's responsibility for the payment of services.			
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 Physical Exam (Send job description if available)
- _____ Annual/Periodic Physical Exam (Send job description if available)
- _____ DOT Exam – New certification **CDL** ___ **Non-CDL** ___ (Urine Drug Screen required for **CDL ONLY**)
- _____ DOT Exam Re-certification **CDL** ___ **Non-CDL** ___ (No Urine Drug Screen required)
- _____ 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 _____
- _____ Other: _____

OTHER TESTING

- _____ Hearing Test (audiogram) _____ Chest X-Ray ___ 1 View ___ 2 View
- _____ Titmus Vision _____ Urinalysis
- _____ Pulmonary Function Test (spirometry)
- _____ Respirator Fit Testing - Quantitative
- _____ Respirator Fit Testing - Qualitative
- _____ Lab (Specify) _____

IMMUNIZATIONS/VACCINATIONS

- _____ Hepatitis B _____ Hepatitis A _____ Twinrix (HepA&B Combo)
- _____ Tetanus _____ Typhoid
- _____ TB Skin Test (PPD) _____ Flu Vaccine
- _____ Other (specify) _____

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

TEST REQUIRED:	REASON FOR TEST:
_____ Urine Drug Screen w/MRO - DOT	_____ Pre-placement/Post Offer
_____ Urine Drug Screen w/MRO – Non DOT	_____ Reasonable cause
_____ Urine Drug Screen – Collection Only	_____ Follow-up
_____ Instant Drug Screen (<i>pre-employment only</i>)	_____ Random
_____ Breath Alcohol Test - DOT	_____ Post Accident
_____ Breath Alcohol – Non DOT	_____ Return to Duty

Please complete Authorization for Services on reverse side.

Hours: Mondays – Friday - 7:00 am – 5:00 pm

Directions to Carroll Occupational Health

- From Baltimore:** Take 795 North to 140 West (to Westminster for approximately 12 miles). Take the Rt. 97 North exit (to Union Mills). Bear right off of the ramp onto Rt. 97. At the first stoplight, make a right turn onto Corporate Center Court. Make right at 1st entrance to Bldg. 700.
- From Frederick and points West:** Take 26 East to 31 East (to New Windsor). Take 140 East. Bear right on 97 North (to Union Mills). At stop sign, make left onto 97 North. Make right onto Corporate Center Court. Make right at 1st entrance to Bldg. 700.
- From points North:** Take 97 South. Make left on Corporate Center Court. Make right at 1st entrance to Bldg. 700.

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 accessing services at one of our locations.

