CORE OCCUPATIONAL MEDICINE

F.I.R.S.T. First In Rescue, Safety & Training, LLC.

Medical Authorization Form

Patient Name: _____ **Patient ID/SSN:** _____

Company: _____ **Job / P.O. #:** _____

Scheduler Name: _____ **Scheduler #:** _____

REASON FOR THIS VISIT *Please check ALL services requested*

☐ Pre-Placement ☐ Random ☐ Reasonable Cause

☐ Recheck ☐ Post-Accident ☐ Company Specific Protocol: _____

Physical Examination

☐ Pre-placement ☐ DOT ☐ HAZWOPER

☐ Operator ☐ Other: _____

Ancillary Test

☐ Audiogram ☐ Supplied Air Training ☐ 9:00 AM

☐ Respirator Clearance *(Please choose a time)* ☐ 11:00 AM

☐ EKG ☐ 1:00 PM

☐ Pulmonary Function (PFT) ☐ 3:00 PM

Quantitative Fit Testing

☐ 3M 6000 HF ☐ Scott AV 2000 FF

☐ Other: _____ ☐ Other: _____

Substance Abuse Testing

☐ DISA DCCHA Urine ☐ DISA DCCHA Breath Alcohol ☐ DISA DCCHT Hair Collection

☐ DISA DOT Urine ☐ DISA DOT Breath Alcohol ☐ DISA Saliva Collection

☐ Rapid/Instant 10 Panel Urine ☐ Alere Non-DOT 10 Panel Urine (confirmation testing)

Injury Treatment | Laboratory Test | Chest X-Ray

☐ Workmen's Comp. ☐ Lead / ZPP (blood) ☐ 1 View

☐ Gen. Liability ☐ CBC / Industrial Chemistry ☐ 2 View ☐ B reader

Injections

☐ Flu Vaccine ☐ Hepatitis B ☐ Tetanus Shot

☐ TB Skin Test ☐ Other: _____

Comments/Notes

AUTHORIZED BY:_____ **Contact Phone:** _____

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