



**Core Occupational Clinic**  
 170 James Drive East  
 Suite 107  
 Saint Rose, LA 70087  
 Phone 985-303-6120  
 Fax 985-303-6122

# Medical Authorization Form

<b>Company:</b> _____	
<b>Patient:</b> _____	<b>Employee ID/SSN:</b> _____ - _____ - _____
<b>Job / P.O. #:</b> _____	<b>Service Date:</b> _____ Morning Afternoon
<b>Scheduler Name:</b> _____	<b>Scheduler Phone #:</b> _____
<b>Authorizing Signature:</b> _____	

**REASON FOR THIS VISIT** *Please check ALL services requested*

<input type="checkbox"/> Pre-Employment / Annual	<input type="checkbox"/> Follow Up	<input type="checkbox"/> Return to Duty
<input type="checkbox"/> Random	<input type="checkbox"/> Reasonable Cause	<input type="checkbox"/> Post-Accident

**Ancillary Test**

<input type="checkbox"/> Audiometric Test	<input type="checkbox"/> Pulmonary Function Test
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**Respirator Fit Testing**

<input type="checkbox"/> 3M 6000 HF	<input type="checkbox"/> MSA Comfo Classis	<input type="checkbox"/> Scott AV 3000
<input type="checkbox"/> 3M 6800 FF	<input type="checkbox"/> MSA ADV 200LS HF	<input type="checkbox"/> Scott AV 2000 FF
<input type="checkbox"/> North 7660	<input type="checkbox"/> MSA ADV 4000 FF	<input type="checkbox"/> Other _____
<input type="checkbox"/> North 7700 HF	<input type="checkbox"/> MSA Ultravue	<input type="checkbox"/> Other _____
<input type="checkbox"/> North 7600	<input type="checkbox"/> MSA Ultravue FF	<input type="checkbox"/> Other _____

**Substance Abuse Testing**

**Urine and Hair Drug Screen**

<input type="checkbox"/> 10 Panel Non-DOT (CORE is MRO)	<input type="checkbox"/> Collect Only Non-DOT
<input type="checkbox"/> 5 Panel Non-DOT (CORE is MRO)	<input type="checkbox"/> Collect Only DOT
<input type="checkbox"/> DOT (CORE is MRO)	<input type="checkbox"/> Collect Only Hair
<input type="checkbox"/> Hair Collect (CORE is MRO)	<input type="checkbox"/> 10 Panel Instant
<input type="checkbox"/> DISA Non-DOT	<input type="checkbox"/> 5 Panel Instant
<input type="checkbox"/> DISA DOT	
<input type="checkbox"/> DISA Hair Collection	

**Breath Alcohol Testing**

<input type="checkbox"/> Breath Alcohol Test Non-DOT
<input type="checkbox"/> DISA Non-DOT
<input type="checkbox"/> DISA DOT
<input type="checkbox"/> Other _____

**Laboratory Test**

<input type="checkbox"/> CBC	<input type="checkbox"/> Industrial Chemistry	<input type="checkbox"/> Lead & ZPP Combo
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**Injections/Vaccinations**

<input type="checkbox"/> Flu Vaccination	<input type="checkbox"/> Tetanus Shot	<input type="checkbox"/> Hepatitis B Series
<input type="checkbox"/> TB Skin Test		

**Physical Examination**

Please contact our office to schedule physical exams  
 985-303-6120 (M-F 6:30am – 3:30pm)

**Other Services**

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