

**Medical Authorization Form**

Company: \_\_\_\_\_ Date of service: \_\_\_\_\_

Employee name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Job Site Name/Job #: \_\_\_\_\_ P.O. #: \_\_\_\_\_

Scheduler name: \_\_\_\_\_ Scheduler phone: \_\_\_\_\_

**Reason for Visit**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Pre-Employment | <input type="checkbox"/> Pre-Placement | <input type="checkbox"/> Annual                         |
| <input type="checkbox"/> Random         | <input type="checkbox"/> Post-Accident | <input type="checkbox"/> Reasonable Cause               |
| <input type="checkbox"/> Return to Duty | <input type="checkbox"/> Follow-up     | <input type="checkbox"/> Repeat/Missed On-Site Services |

**Ancillary Test**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Audiometric Test | <input type="checkbox"/> Pulmonary Function Test | <input type="checkbox"/> Respirator Clearance |
|---|--|---|

**Quantitative Fit Testing**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 3M 6000 HF           | <input type="checkbox"/> 3M 8293 Dust Mask | <input type="checkbox"/> MSA UltraElite FF |
| <input type="checkbox"/> North 7700 HF        | <input type="checkbox"/> 3M 6800 FF        | <input type="checkbox"/> Scott AV 3000 FF  |
| <input type="checkbox"/> MSA Comfo Classic HF | <input type="checkbox"/> North 7600 FF     | <input type="checkbox"/> Scott AV 2000 FF  |
| <input type="checkbox"/> MSA ADV 200LS HF     | <input type="checkbox"/> MSA ADV 4000 FF   | <input type="checkbox"/> Other _____       |

**Substance Abuse Testing**

- | <b>CORE Drug Screens</b>                                | <b>DISA/Other TPA drug screens</b>            | <b>Breath Alcohol and Other</b>                      |
|---|---|--|
| <input type="checkbox"/> 10 Panel Non-DOT (CORE is MRO) | <input type="checkbox"/> DISA Non-DOT         | <input type="checkbox"/> Breath Alcohol Non-DOT      |
| <input type="checkbox"/> 5 Panel Non-DOT (CORE is MRO)  | <input type="checkbox"/> DISA DOT             | <input type="checkbox"/> Breath Alcohol DOT          |
| <input type="checkbox"/> DOT (CORE is MRO)              | <input type="checkbox"/> DISA Hair            | <input type="checkbox"/> DISA Breath Alcohol Non-DOT |
| <input type="checkbox"/> Hair (CORE is MRO)             | <input type="checkbox"/> DISA Oral Fluid      | <input type="checkbox"/> DISA Breath Alcohol DOT     |
| <input type="checkbox"/> Oral Fluid (CORE is MRO)       | <input type="checkbox"/> Collect Only Non-DOT | <input type="checkbox"/> Other _____                 |
| <input type="checkbox"/> 10 Panel Instant               | <input type="checkbox"/> Collect Only DOT     | <input type="checkbox"/> Other _____                 |
| <input type="checkbox"/> 5 Panel Instant                | <input type="checkbox"/> Collect Only Hair    | <input type="checkbox"/> Other _____                 |

**Please Contact Our Office to Schedule  
Physical Exams 985-303-6120  
(M-F 6:00am – 3:00pm)**

**Comments/Notes**

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