

**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 |

**Physical Examination**

- |  |                                   |   |
|--|-----------------------------------|---|
| <input type="checkbox"/> Non-DOT (standard exam) | <input type="checkbox"/> Hazwoper | <input type="checkbox"/> Benzene        |
| <input type="checkbox"/> DOT                     | <input type="checkbox"/> Silica   | <input type="checkbox"/> Vinyl Chloride |
| <input type="checkbox"/> Functional Assessment   | <input type="checkbox"/> Asbestos | <input type="checkbox"/> Other _____    |

**Ancillary Test**

- |   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> Audiometric Test         | <input type="checkbox"/> EKG         | <input type="checkbox"/> Respirator Clearance |
| <input type="checkbox"/> Pulmonary Function (PFT) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____          |

**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****CORE Drug Screens**

- 10 Panel Non-DOT (CORE is MRO)
- 5 Panel Non-DOT (CORE is MRO)
- DOT (CORE is MRO)
- Hair (CORE is MRO)
- Oral Fluid (CORE is MRO)
- 10 Panel Instant
- 5 Panel Instant

**DISA/Other TPA drug screens**

- DISA Non-DOT
- DISA DOT
- DISA Hair
- DISA Oral Fluid
- Collect Only Non-DOT
- Collect Only DOT
- Collect Only Hair

**Breath Alcohol and Other**

- Breath Alcohol Non-DOT
- Breath Alcohol DOT
- DISA Breath Alcohol Non-DOT
- DISA Breath Alcohol DOT
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**Treatment, Labs, X-Rays****Injury Treatment**

- Initial Injury Visit
- Follow-Up Injury Visit

**Laboratory**

- Lead / ZPP
- CBC / Industrial Chemistry

**Chest X-Ray**

- Chest X-Ray 1 View w/ B Reader
- Chest X-Ray 2 Views

**Vaccinations/TB Testing**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Flu Vaccination    | <input type="checkbox"/> Tetanus/Diphtheria (Td)               | <input type="checkbox"/> Ucc@!Á' ..... |
| <input type="checkbox"/> Hepatitis B Series | <input type="checkbox"/> Tetanus, Diphtheria, Pertussis (Tdap) | <input type="checkbox"/> Ucc@!Á' ..... |

**Comments/Notes**