Advocate Occupational Health

Authorization for Treatment or Exam

CLIENT INFORMATION			
Employee Name		Date	
Employer Name			
Company Contact			
Phone		Fax	

TYPE OF SERVICE REQUESTED

☐ **OCCUPATIONAL INJURY/ILLNESS** Injury Date:_____ Description:_____

☐ **PHYSICAL EXAM**
- ☐ Pre-Employment Exam
- ☐ Annual Exam

☐ **DOT PHYSICAL**
- ☐ Pre-Employment Exam
- ☐ Recertification Exam
- ☐ Return to Duty

☐ **DOT PHYSICAL W/IL SCHOOL BUS PHYSICAL**
- ☐ Pre-employment Exam
- ☐ Recertification Exam/Annual

☐ **ILLINOIS SCHOOL BUS PHYSICAL**
- ☐ Pre-employment Exam
- ☐ Annual

☐ **MEDICAL SURVEILLANCE/IMMUNIZATIONS**
- ☐ Audiogram
- ☐ EKG
- ☐ Flu Vaccination
- ☐ Hepatitis B Vaccination ☐ 1st ☐ 2nd ☐ 3rd
- ☐ Hepatitis B Antibody Titer (Blood Draw)
- ☐ Back Lift Test: ☐ 50 lbs ☐ 75 lbs ☐ 100 lbs
- ☐ Needle Stick/Blood Borne Pathogen Exposure
- ☐ TB Skin Test ☐ 1 Step ☐ 2 Step
- ☐ Tetanus, Diphtheria, Pertussis (Tdap)
- ☐ Other Services_____

☐ **DRUG/ALCOHOL TESTING**
- ☐ **Non-DOT Drug Test**
  - ☐ 5 Panel ☐ 10 Panel
  - ☐ Other_____
- ☐ **Rapid Drug Test**
  - ☐ 5 Panel ☐ 10 Panel
  - ☐ Other_____
- ☐ **DOT Drug Test**
- ☐ **Drug Test Collection**
  - ☐ DOT ☐ Non-DOT ☐ Hair
- ☐ **Breath Alcohol Test**
  - ☐ DOT ☐ Non-DOT

REASON FOR DRUG/ALCOHOL TEST
- ☐ Pre-employment
- ☐ Annual
- ☐ Random
- ☐ Post-Accident
- ☐ Reasonable Suspicion/Cause
- ☐ Return to Duty
- ☐ Follow-Up

☐ **RESPIRATOR CLEARANCE/FIT TESTING**
- ☐ Respirator Questionnaire Review (ONLY)
- ☐ Physical Exam
- ☐ Pulmonary Function Test (PFT)
- ☐ Fit Testing

Special Instructions:_____

Authorization Signature:_____