



## Occupational Health Program Authorization Form

Employer Information	
Escreen account # (if applicable):	
Company Name:	
Company Address:	City
State:	Zipcode:
Services Scheduled Date/Time:	Services Expiration Date/Time:
Name of person Authorizing Treatment (print):	
Signature:	Phone:
Preferred Communication:	
<input type="checkbox"/> Phone <input type="checkbox"/> Fax (secure) <input type="checkbox"/> email (secure) <input type="checkbox"/> Mail	
After-Hours Contact Information	
Name:	Phone Number:
DER (Designated Employer Representative) Information	
DER Contact for Results/Physician Call:	
Email:	Phone:
Billing Information (if different than Employer information)	
Address:	City, State, Zip:
Phone:	Email:

## Patient Information

Patient Name:		SS Number:	
Phone:	DOB:	Gender:	

## Reason for Services/Testing

Pre-Employment   
  Post-Accident   
  Random   
  Reasonable Suspicion  
 Return to Duty\*   
  Follow-up Testing\*   
  Diversion   
  Transfer/Promotion

\*DOT Return to Duty and Follow-up Testing must be pre scheduled as Direct Observation is required by DOT for these tests

## Services Requested

<p><b>Please select requested services:</b></p> <p><input type="checkbox"/> DOT Urine Drug Screen</p> <p>Select the Modality:</p> <p> <input type="checkbox"/> FMSCA            <input type="checkbox"/> FTA            <input type="checkbox"/> FAA            <input type="checkbox"/> FRA  <input type="checkbox"/> PHMSA            <input type="checkbox"/> USCG       </p> <p><input type="checkbox"/> Pre-Employment Urine Drug Screen</p> <p> <input type="checkbox"/> Non-DOT Urine Drug Screen (10 Panel)  <input type="checkbox"/> Non-DOT Urine Drug Screen (9 Panel)  <input type="checkbox"/> Non-DOT Urine Drug Screen (7 Panel)  <input type="checkbox"/> Non-DOT Urine Drug Screen (5 Panel)       </p> <p><input type="checkbox"/> Vision Test, Snellen</p> <p> <input type="checkbox"/> TB/PPD Skin Test  <input type="checkbox"/> 1 step or   <input type="checkbox"/> 2 step       </p> <p> <input type="checkbox"/> Flu Shot  <input type="checkbox"/> TD   <input type="checkbox"/> Tdap  <input type="checkbox"/> Hep B Vaccine  <input type="checkbox"/> 1st   <input type="checkbox"/> 2nd   <input type="checkbox"/> 3rd       </p>	<p><b>Physical Examinations:</b></p> <p><input type="checkbox"/> DOT</p> <p>Type of DOT Exam:</p> <p> <input type="checkbox"/> New Certification   <input type="checkbox"/> Recertification  <input type="checkbox"/> Interstate   <input type="checkbox"/> Intrastate       </p> <p><input type="checkbox"/> School Bus Driver</p> <p><input type="checkbox"/> Pre-Employment (Non-DOT)</p> <p><input type="checkbox"/> Company-Specific Form</p>
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