



AUTHORIZATION FOR SERVICES

Company Name: _____ Company Phone: _____

Designated Employee Representative (Please print): _____

Alternate Contact (Please print): _____

Designee Phone: _____ Designee Fax: _____

Employee Name: _____ SSN: _____

Job Title: _____ Department: _____

Injury

Type of Injury: _____

Date Injury Occurred: _____ Time Injury Occurred: _____ AM
PM

Physicals

- New Hire Exam
- Re-Hire Exam
- Return to Work Exam
- Environmental, Respirator Exam
- Other: _____
- DOT/CDL Certification/Recert
- Chauffeur Certification/Recert
- PIV (Powered Industrial Vehicle) Exam
- FAA Exam
- Functional Capacity Exam

Other Services

- Vaccine: _____
- Titer (Immune Status Check): _____
- Other: _____
- Tuberculin Skin Test
- Audiogram
- Substance Abuse Test

Test Requested

(Photo ID Required)

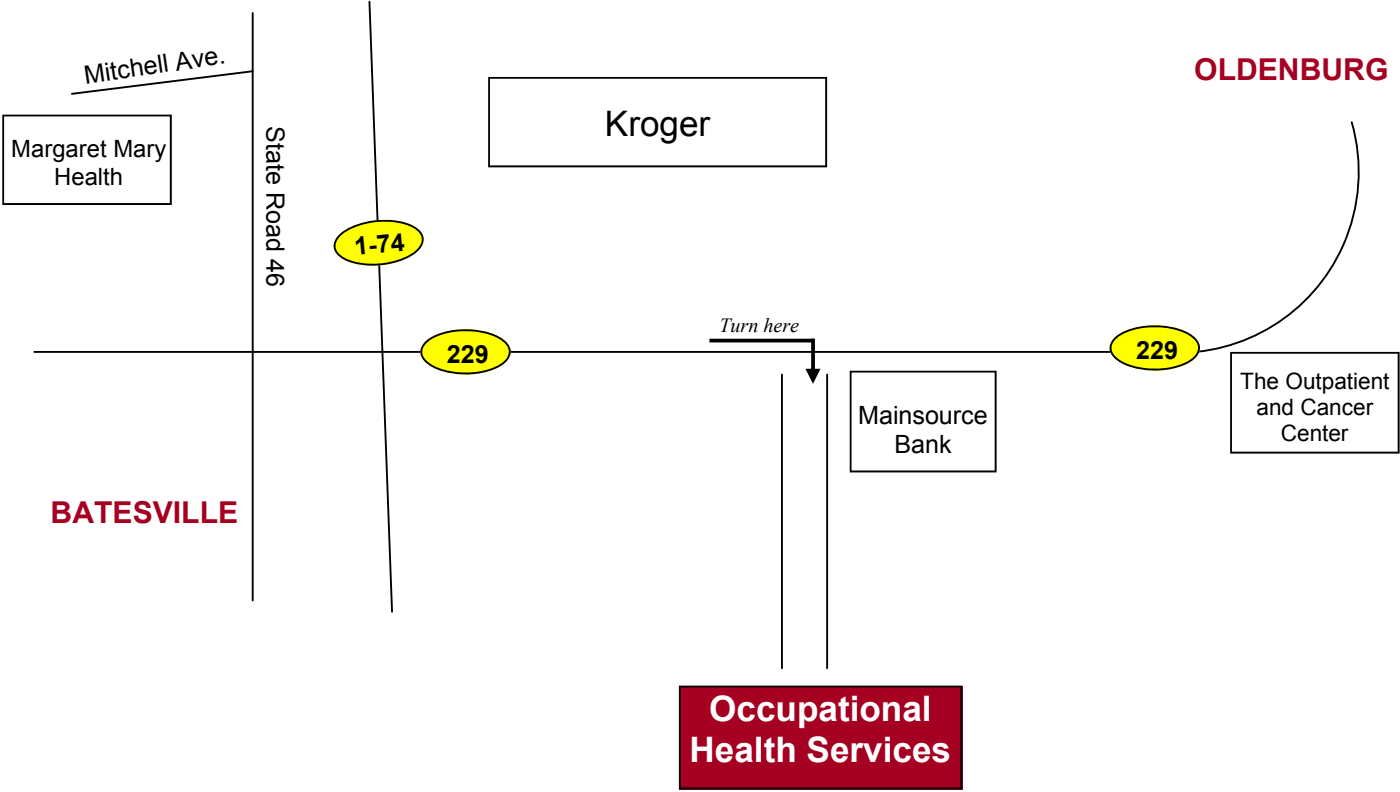
- Regulated Non-regulated
- Breath Alcohol Test
- Urine Drug Screen
- Breath Test and Urine Drug Screen

Purpose of Test

(Photo ID Required)

- Reasonable Suspicion/Just Cause
- Random
- Random- Rehab Program
- Post-Accident
- New Hire

Occupational Health Services



Hours of Operation

Monday - Friday
7:30 AM - 4:30 PM

After-hours care is available at the MMH Emergency Services Department.