

MEDICAL TREATMENT AUTHORIZATION

ALL EMPLOYEES PRESENTING FOR A DRUG SCREEN/BREATH ALCOHOL TEST MUST HAVE A VALID PHOTO ID
 FOR AFTER HOURS INJURIES & POST-ACCIDENT/REASONABLE SUSPICION DRUG SCREENS, PLEASE COMPLETE THIS FORM AND PRESENT TO THE EMERGENCY DEPARTMENT

EMPLOYEE NAME: _____ DATE OF BIRTH: _____
 COMPANY NAME: _____ TODAY'S DATE: _____
 COMPANY PHONE: _____ RESULTS: Fax E-Mail : _____
 COMPANY REP AUTHORIZING TREATMENT: _____
 SIGNATURE: _____ VERBAL AUTH TIME: _____ INITIALS: _____

Drug & Alcohol Testing:

Urine Drug Testing (Working Well MRO)

DOT NON-DOT INSTANT HAIR OTHER: _____

Panel: 5 Panel 10 Panel 10 Panel Expanded OTHER: _____

Urine Drug Testing Collect Only (Employer MRO)

DOT NON-DOT HAIR OTHER: _____

Breath Alcohol Testing

DOT NON-DOT

Type of Testing:

Pre-Employment Random Post-Accident Reasonable Suspicion Other: _____

Physical Examination:

DOT Physical

New Certification Re-Certification Follow-Up

NON-DOT Physical

Pre-Employment Annual Other: _____

Return to Work Physical

Surveillance Testing:

Audiogram Lift Test Mini-Functional PFT/Spirometry Respirator Questionnaire Respirator Fit Test Chest X-ray

Injections/Vaccinations:

PPD/TB Test TDAP Tetanus Hep B Hep A Flu Other: _____

Titers:

MMR Varicella Hep B Hep C Quantiferon Other: _____

Worker's Comp/Injury Treatment:

New Injury Claim #: _____ Work Comp Insurance: _____

Additional Services Requested:

LOCATIONS:

Chicago Heights: 708-709-2000/(F) 708-709-2046
 Hammond: 219-852-2472/(F) 219-852-2567
 Rensselaer: 219-866-0411/(F) 219-866-1920
 Port of Indiana: 219-787-8662/(F) 219-787-8420
 Michigan City: 219-879-5400/(F) 219-879-5900

Munster: 219-836-4690/(F) 219-836-3609
 Crown Point: 219-662-5500/(F) 219-662-9684
 Valparaiso: 219-464-7073/(F) 219-464-7543
 Willowcreek/Portage: 219-764-8439/(F) 219-764-8463