



SH33288⁰²



Occupational Health Program

COMPANY AUTHORIZATION FORM

TINLEY PARK
708-915-7569
24/7 URGENT AID

FLOSSMOOR
708-799-8400
24/7 URGENT AID

CALUMET CITY
708-915-4940
24/7 URGENT AID

DATE	PHONE IN <input type="checkbox"/> YES <input type="checkbox"/> NO	INITIALS/SIGNATURE OF ORIGINATOR
EMPLOYEE NAME (PLEASE PRINT)		
COMPANY NAME (PLEASE PRINT)		
COMPANY ADDRESS		
INJURY TREATMENT NATURE OF VISIT / SPECIAL INSTRUCTIONS (PLEASE EXPLAIN)	DATE OF INJURY	<input type="checkbox"/> DRUG SCREEN <input type="checkbox"/> BREATHALYZER <input type="checkbox"/> BOTH
PHYSICAL EXAMINATION (PLEASE CHECK ALL THAT APPLY) <input type="checkbox"/> DOT <input type="checkbox"/> NON-DOT POSITION OFFERED _____	<input type="checkbox"/> PRE-PLACEMENT <input type="checkbox"/> ANNUAL	<input type="checkbox"/> RESPIRATOR CLEARANCE <input type="checkbox"/> RETURN TO WORK <input type="checkbox"/> OTHER
DRUG/ALCOHOL TESTING (PLEASE CHECK ALL THAT APPLY) <input type="checkbox"/> DOT <input type="checkbox"/> NON-DOT <input type="checkbox"/> DRUG SCREEN <input type="checkbox"/> BREATHALYZER <input type="checkbox"/> OTHER _____	REASON FOR TESTING <input type="checkbox"/> PRE-PLACEMENT <input type="checkbox"/> RANDOM <input type="checkbox"/> POST ACCIDENT	<input type="checkbox"/> REASONABLE CAUSE <input type="checkbox"/> RETURN TO WORK <input type="checkbox"/> FOLLOW UP <input type="checkbox"/> OTHER _____
OTHER _____ _____ _____		
COMPANY AUTHORIZATION BY (SIGNATURE):		PHONE

*** PHOTO ID IS NEEDED FOR ALL TESTS

WHITE - CHART CANARY - BILLING

Please see map on reverse side for locations