



Physicians Health Center

Occupational Health Specialists

www.physicianshealthcenter.com

EMPLOYER AUTHORIZATION FOR SERVICE

(MUST PRESENT PHOTO ID)

DATE: _____

EMPLOYEE NAME: _____

SSN (Last 4 Digits): _____

COMPANY NAME: _____

INJURY: (Body Part) _____

ADDRESS / LOCATION # _____

PHONE: _____

FAX: _____

AUTHORIZED BY: _____

TITLE: _____

PHYSICAL EXAMINATION

- DOT Physical Exam
- Company Physical
- Physical Capability Test
- FDLE Physical
- Fitness For Duty Exam
- Other _____

- Back Evaluation
- Audio Test
- Pulmonary Function Test (PFT)
- Respirator Clearance
- Respirator Fit Test
- FAA/NDT Eye Exam
- Standard Eye Exam
- Other _____

ADDITIONAL SERVICES:

- TB Test (PPD)
- Flu Shots
- Hep. B Immunizations
- Titer
- Tetanus
- EKG
- Travel Medicine-Destination: _____

SUBSTANCE ABUSE TESTING

- DOT Non-DOT Drug Free Workplace

- Drug Test
- Alcohol Test (EBT)
- Blood Alcohol Test

- Pre Employment
- Random
- DOT Post Accident Non-Dot Post Injury
- Reasonable Suspicion
- Return to Duty
- Follow-up

Non-Standard Test

- E-Screen
- Hair Test
- Saliva Test
- Rapid Test

Comments: _____

Over for PHC Locations and Hours