physicians
immediate care™

# MEDICAL AUTHORIZATION

**Patient's Name:** ______________________________ **Today's Date:** ____/____/_______

**Employer Name:** ______________________________ **Phone:** (_____) _______________

**Authorized By:** ______________________________ **Authorization Expires:** ____/____/_______
(Print Name)

## WORK-RELATED INJURY

- ❑ Work injury treatment
- ❑ Consult to determine compensability (Evaluation for cause of injury)

Body part: ___________________________

## EVALUATIONS & PHYSICALS

- ❑ Pre-Placement / Post-Offer:
  - ❑ Office
  - ❑ Factory
  - ❑ Other: ______________________________
- ❑ Annual / Periodic Exam
- ❑ Respirator Clearance Exam
- ❑ Respirator Fit Testing
- ❑ Fitness for Duty Evaluation
- ❑ Annual School Bus Driver
- ❑ DOT Exam: ❑ New Certification ❑ Recertification
- ❑ Other: ________________________________________
  (Please complete if item is not listed)

## DRUG & ALCOHOL SCREENING

### Non-NIDA* / Non-Department of Transportation

Drug
- ❑ Pre-Employment
- ❑ Random
- ❑ Follow-up
- ❑ Reasonable Suspicion
- ❑ Return to Duty
- ❑ Post-Accident
- ❑ Hair Follicle Drug
- ❑ Rapid
- ❑ Other: _______________

Alcohol
- ❑ Evidential Breath Test (EBT)

### NIDA* / Department of Transportation

Drug
- ❑ Pre-Employment
- ❑ Random
- ❑ Follow-up
- ❑ Reasonable Suspicion
- ❑ Return to Duty
- ❑ Post-Accident
- ❑ Other: _______________

Alcohol
Evidential Breath Test (EBT)
- ❑ Random
- ❑ Follow-up
- ❑ Reasonable Suspicion
- ❑ Return to Duty
- ❑ Post-Accident
- ❑ Other: _______________

## OTHER SERVICES

- ❑ Audiogram
- ❑ Tuberculosis (TB) Test
- ❑ Hepatitis B Vaccine
- ❑ Other: ________________________________________
- ❑ Other: ________________________________________
- ❑ Other: ________________________________________

Locations listed on back.

For more information, visit us at:
**visitphysicians.com**

*National Institute on Drug Abuse

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