

## 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      **Body part:** \_\_\_\_\_  
 (Evaluation for cause of injury)

- |   |  |
|---|--|
| <input type="checkbox"/> Pre-Placement/Post-Offer<br><input type="checkbox"/> Office<br><input type="checkbox"/> Factory<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Annual / Periodic Exam<br><input type="checkbox"/> Respirator Clearance Exam<br><input type="checkbox"/> Respirator Fit Testing | <input type="checkbox"/> Fitness for Duty Evaluation<br><input type="checkbox"/> School Bus Driver<br><input type="checkbox"/> Annual<br><input type="checkbox"/> New Hire<br><input type="checkbox"/> DOT Exam<br><input type="checkbox"/> New Certification<br><input type="checkbox"/> Recertification<br><input type="checkbox"/> Other _____<br>(Please complete if item is not listed) |
|---|--|

## DRUG & ALCOHOL SCREENING

NON NIDA* / NON DEPARTMENT OF TRANSPORTATION		NIDA* / DEPARTMENT OF TRANSPORTATION																																	
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><b>Drug</b></td> <td style="width: 50%;"><b>Alcohol (EBT)</b></td> </tr> <tr> <td><input type="checkbox"/> Pre-Employment</td> <td><input type="checkbox"/> Pre-Employment</td> </tr> <tr> <td><input type="checkbox"/> Random</td> <td><input type="checkbox"/> Random</td> </tr> <tr> <td><input type="checkbox"/> Follow-up</td> <td><input type="checkbox"/> Follow-up</td> </tr> <tr> <td><input type="checkbox"/> Reasonable Suspicion</td> <td><input type="checkbox"/> Reasonable Suspicion</td> </tr> <tr> <td><input type="checkbox"/> Return to Duty</td> <td><input type="checkbox"/> Return to Duty</td> </tr> <tr> <td><input type="checkbox"/> Post-Accident</td> <td><input type="checkbox"/> Post-Accident</td> </tr> <tr> <td><input type="checkbox"/> Hair Follicle Drug</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Rapid</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>	<b>Drug</b>	<b>Alcohol (EBT)</b>	<input type="checkbox"/> Pre-Employment	<input type="checkbox"/> Pre-Employment	<input type="checkbox"/> Random	<input type="checkbox"/> Random	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Reasonable Suspicion	<input type="checkbox"/> Reasonable Suspicion	<input type="checkbox"/> Return to Duty	<input type="checkbox"/> Return to Duty	<input type="checkbox"/> Post-Accident	<input type="checkbox"/> Post-Accident	<input type="checkbox"/> Hair Follicle Drug	<input type="checkbox"/> Other _____	<input type="checkbox"/> Rapid		<input type="checkbox"/> Other _____		<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><b>Drug</b></td> <td style="width: 50%;"><b>Alcohol (EBT)</b></td> </tr> <tr> <td><input type="checkbox"/> Pre-Employment</td> <td><input type="checkbox"/> Random</td> </tr> <tr> <td><input type="checkbox"/> Random</td> <td><input type="checkbox"/> Follow-up</td> </tr> <tr> <td><input type="checkbox"/> Follow-up</td> <td><input type="checkbox"/> Reasonable Suspicion</td> </tr> <tr> <td><input type="checkbox"/> Reasonable Suspicion</td> <td><input type="checkbox"/> Return to Duty</td> </tr> <tr> <td><input type="checkbox"/> Return to Duty</td> <td><input type="checkbox"/> Post-Accident</td> </tr> <tr> <td><input type="checkbox"/> Post-Accident</td> <td></td> </tr> </table>	<b>Drug</b>	<b>Alcohol (EBT)</b>	<input type="checkbox"/> Pre-Employment	<input type="checkbox"/> Random	<input type="checkbox"/> Random	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Reasonable Suspicion	<input type="checkbox"/> Reasonable Suspicion	<input type="checkbox"/> Return to Duty	<input type="checkbox"/> Return to Duty	<input type="checkbox"/> Post-Accident	<input type="checkbox"/> Post-Accident	
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## OTHER SERVICES

- Audiogram  
 Tuberculosis (TB) Test  
 Hepatitis B Vaccine  
 Other: \_\_\_\_\_

\* National Institute on Drug Abuse