



Medical Authorization

Employee Name: _____ Company: _____

Employee Job Title: _____ Company Phone: _____

Services Requested:

Injury Care

- Treatment of new injury/incident*
Once you've obtained your **claim number** for this injury, please call Occupational Health with that number.
- Non-DOT Drug Screen
- DOT Drug Screen-Indicate DOT Agency Below**
 FMCSA FTA FAA FRA PHMSA USCG
- Non-DOT Breath Alcohol
- DOT Breath Alcohol
- Blood Alcohol

Substance Abuse Testing

(please circle reason for testing)
Pre-hire, Random, Cause, Post-accident, Other

- Non-DOT Drug Screen
- DOT Drug Screen-Indicate DOT Agency Below**
 FMCSA FTA FAA FRA PHMSA USCG
- Non-DOT Breath Alcohol
- DOT Breath Alcohol
- Urine Collection Only
- Rapid Drug Screen
- Hair Test

**Info required under amended DOT regs

Vaccines/Immunizations/Titers

- Flu Shot
- Hepatitis A Antibody
- Hepatitis A Vaccine
- Hepatitis B Antibody
- Hepatitis B Vaccine
- Hepatitis C Antibody
- TB/PPD
- Tetanus

Physicals (Standard Protocols)

- Pre-placement Physical
- DOT Physical New or Recert
- Annual Physical
- Return to Work *(must have doctor's release)*
- Exit Physical
- Respirator Clearance Physical
- Fit for Duty

Optional Service/Additional Services

- Audiogram
- Chest x-ray 1 view
- Chest x-ray 2 view
- EKG
- FIT test
Make/model of respirator to be used

- Spirometry
- Physical Therapy Physical Assessment
- Other _____

Lab/Blood Work

- Chromium
- Creatinine (urine)
- Lead
- Mercury
- Urinalysis
- ZPP
- Other _____

Notes: _____

***If Occ Health needs to contact the company following the treatment of this injured worker, who should we call?**

Name _____ **Reachable at what number?** _____

Authorizing Signature _____ Printed Name _____

Title: _____ Phone: _____ Date: _____

Company agrees to be financially responsible for above services.



Toll-free: 866-835-0312
www.comhs.org/occ_health

ST. CATHERINE HOSPITAL
4321 Fir Street | Suite 313
East Chicago, IN 46312
Phone: 219-392-7424
Fax: 219-392-7450

ST. MARY MEDICAL CENTER
1354 South Lake Park Avenue
Hobart, IN 46342
Phone: 219-947-6495
Fax: 219-947-6408

St. Mary Medical Center
WILLOWCREEK HEALTH CENTER
3170 Willowcreek Road
Portage, IN 46368
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