

Company Specifics

COMPANY INFORMATION

Company Name: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____

City, State, Zip: _____

Alt. Contact: _____

Type of Business: _____

Phone: _____ Fax: _____

Is fax machine confidential? Yes No

of Employees (local) _____

Send Reports To:

Send Bills To:

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

I would like my reports: Phoned Faxed Mailed

Call contact person for:

- Before sending a fax
- Authorization for referral to specialist
- If injured worker will not be returning to work
- If worker does not show up for a scheduled visit
- other circumstances:

COMP CARRIER INFORMATION

Name: _____

Contact: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

- Company requires after hour care
- Company requires after hour drug screen and breath alcohol collection

Drug Screen testing done for:

- Pre-employment
- Post accident
- Reasonable cause
- Random/ Employer request

Kit is:

- Stored at clinic
- Brought by employee/mailed

Breath Alcohol testing done for:

- Pre-employment
- Post accident
- Reasonable cause
- Random/ Employer request

Breath Alcohol results called to:

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____

TESTING REQUESTED

Injured Worker Care

Restricted work is:

- Always available
- Sometimes available
- Never available

Rechecks to be scheduled:

- During work time
- On own time

Post Accident Testing

- Drug Screen
- Breath Alcohol
- DOT drug screen
- DOT (BAT only)
- 5 panel express
- Non-DOT
- 5 panel **non-express**
- Collection only
- Other: _____

Physicals

Pre-Employment Exams:

- Basic Physical
 - Audiogram
 - Titmus Vision
 - EKG
 - PFT
 - Breath Alcohol Testing
 - Other: _____
- TB Test
 - Hepatitis B inj
 - Lab tests
 - _____
 - _____
 - _____

- Collection only drug screen
- 5 Panel Express drug screen
- 5 Panel **non-express** drug screen
- NIDA drug screen
- 10 Panel drug screen

- Company will send chain of custody form with employee
- Use our chain of custody form
- Chain of custody on file at clinic

Monitoring Exam

- Form sent with employee
- Use our form

Frequency: Annually Bi-annually Other (please specify) _____
 Pre-employment

Type:

- Respirator
- HAZMAT
- Asbestos

Exposed to:

- Lead
- Asbestos
- Cadmium

Additional testing required:

- Titmus Vision
 - Audiogram
 - Other _____
 - Other _____
- Lab tests
 - Comp Metabolic Panel
 - CBC
 - Lipid Panel
 - Other _____

DOT Exams

- Driver pays for pre-employment drug screen
- Driver pays for recert drug screen
- Driver will bring form
- Use our form
- Form on file at clinic

Additional testing: Titmus vision Lab tests _____
 Audiogram Other tests _____
 Breath Alcohol

DOT Card:

- #### Pre-employment:
- Give card to driver
 - Mail card to employer
 - Give DOT form to driver
 - Original
 - Copy
 - Mail DOT form to company
 - Original
 - Copy

Recertification:

- Give card to driver
- Mail card to employer
- Give DOT form to driver
 - Original
 - Copy
- Mail DOT form to company
 - Original
 - Copy