Occupational Health Group

☐ **Huntsville**
1104 Monroe Street SW
Huntsville, AL 35801
256/265-7000

☐ **Madison**
9238 Madison Blvd.
Building 1, Suite 200
Madison, AL 35758
256/265-3285

☐ **Decatur**
1615 Kathy Lane, SW
Decatur, AL 35603
256/973-4325

Treatment Authorization

Patient's Name _____ Date _____

Company: _____ Phone: _____

Authorized for Treatment by: _____ Print Name: _____

☐ Workers' Compensation Injury

Include: ☐ Drug Screen ☐ EBT (Evidential Breath Test)

DRUG SCREENS MUST BE AT THE CLINIC NO LATER THAN 4:00 P.M.

☐ Pre-Employment Drug Screen
- ☐ Rapid: 5_____ 10 _____
- ☐ Federal DOT ☐ Non-Federal: 5_____ 10____

☐ Federal /Non-Federal Drug Screening **(select Test & Reason)**

Test:
- ☐ Federal DOT ☐ Non-Federal: 5____ 10____
- ☐ Hair Test

Reason:
- ☐ For Cause Drug Screen
- ☐ Random Drug Screen
- ☐ Follow-Up Drug Screen
- ☐ Return to Duty Drug Screen
- ☐ Post-Accident Drug Screen

☐ EBT (Evidential Breath Test) ☐ Federal ☐ Non-Federal

☐ Pre-Employment Physical
☐ DOT Physical
☐ Annual Physical
☐ Respirator Physical
Include: ☐ Pulmonary Function Test (PFT)
☐ Respirator Review and Clearance
Include: ☐ Pulmonary Function Test (PFT)
☐ Return to Duty Physical
☐ Fit for Duty Physical
☐ TB Skin Test
☐ Respirator Fit Test
☐ Audiogram
☐ Other _____

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1104 Monroe Street SW
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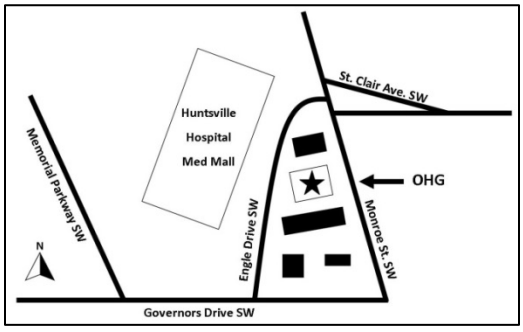
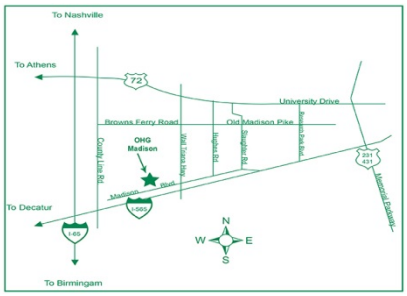
256-265-7000
M-Th 7a-5:30p
F 7a-5p





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