



Corporate Occupational Health Solutions - Frederick
490-L Prospect Blvd
in the Weis Festival Plaza
Frederick, MD 21701
Appointments: 240-566-3001
FAX: 240-566-3003

AUTHORIZATION FOR MEDICAL SERVICES

COMPANY NAME		EMPLOYEE'S NAME	
IF TEMPORARY EMPLOYEE – NAME OF TEMPORARY AGENCY			
I authorize to you to provide this employee with the medical attention indicated below. I further acknowledge my company's responsibility for the payment of services.			
AUTHORIZED BY (SIGNATURE)		DATE SIGNED	PRINTED NAME
TITLE		PHONE NO.	
_____ Work-Related Injury		Date of Injury: _____	
PHYSICAL EXAMS Check examination requested. Please request any other testing below.			
_____ Post-offer Exam (Send job description if available)			
_____ DOT Exam – New certification CDL ___ Non-CDL Physical Card Only ___			
_____ DOT Exam Re-certification CDL ___ Non-CDL Physical Card Only ___			
_____ Travel Clinic			
_____ FAA Physical			
_____ School Bus Physical			
_____ Respirator Examination			
_____ Driving School Instructor Physical			
_____ Medical Surveillance Exam – Initial / Baseline: Type of exposure _____			
_____ Medical Surveillance Exam – Annual / Interim: Type of exposure _____			
_____ Other: _____			
OTHER TESTING			
_____ Hearing Test (audiogram)		_____ Chest X-Ray ___ 1 View ___ 2 View	
_____ Titmus Vision		_____ Urinalysis	
_____ Pulmonary Function Test (spirometry)			
_____ Respirator Fit Testing - Quantitative			
_____ Respirator Fit Testing - Qualitative			
_____ Lab (Specify) _____			
IMMUNIZATIONS/VACCINATIONS			
_____ Hepatitis B		_____ Hepatitis A _____ Twinrix (HepA&B Combo)	
_____ Tetanus		_____ Typhoid	
_____ TB Skin Test (PPD)		_____ Flu Vaccine	
_____ Other (specify) _____			
SUBSTANCE ABUSE TESTING (Must have photo ID) Check type of test(s) and reason for test			
TEST REQUIRED:		REASON FOR TEST:	
_____ Urine Drug Screen w/MRO - DOT		_____ Pre-placement/Post Offer	
_____ Urine Drug Screen w/MRO – Non DOT		_____ Reasonable cause	
_____ Urine Drug Screen – Collection Only		_____ Follow-up	
_____ Instant Drug Screen (pre-employment only)		_____ Random	
_____ Breath Alcohol Test – DOT		_____ Post Accident	
_____ Breath Alcohol – Non DOT		_____ Return to Duty	

Please complete Authorization for Services on reverse side.

Hours: Monday – Friday, 7 a.m. – 5 p.m.

Effective October 1, 2000, we will no longer be able to supervise unattended children in our clinics. We ask you to notify your employees to make appropriate child care arrangements before obtaining services at one of our locations.

