1714 Charlestown New Albany Road
Jeffersonville, IN 47130
(812) 271-4240

OMP OccMed Physicians

AUTHORIZATION FOR SERVICES

Complete this form and send it with your employee, or email it to: admin@occmedphysicians.com

Employee's name: _____ **Birthdate:** ____/____/_____ **Phone:** _____

Company's name: _____

Today's date: ____/____/_____ **Expiration date:** ____/____/_____

Authorized by: _____ **Phone:** _____

DRUG/ALCOHOL SCREENING SERVICES

Type of Test:

- ☐ DOT
- ☐ Non-DOT
- ☐ Instant
- ☐ Breath Alcohol
- ☐ Other:

Reason for Test:

- ☐ Random
- ☐ Pre-employment
- ☐ Post-accident
- ☐ Reasonable Cause
- ☐ Return-to-Duty
- ☐ Other:

VACCINATIONS:

- ☐ Influenza (Flu)
- ☐ COVID-19
- ☐ Tdap
- ☐ Hepatitis B
- ☐ Other

PHYSICAL EXAM

- ☐ Pre-employment Exam
- ☐ Return-to-Work / Fitness for Duty
- ☐ DOT Certification
- ☐ OSHA Respirator Medical Evaluation
- ☐ Other: _____

TB TESTING

- ☐ PPD Skin Test
- ☐ Quantiferon Gold Blood Test

INJURY TREATMENT

Date/Time of Injury:

OTHER SERVICES

- ☐ Respirator Fit Test
- ☐ Hearing Screening (Audiogram)
- ☐ Vision Screening
- ☐ Other: _____

Business Hours:

Mon - Fri: 9:00am - 5:00pm

Sat - Sun: Closed

To schedule services, call: (812) 271-4240

Walk-Ins accepted for Drug and Alcohol Screenings