



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: 8:00am - 5:00pm

Sat - Sun: Closed

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

Walk-Ins accepted for Drug and Alcohol Screenings