

# Occupational Health Authorization

Report to Allegan Occupation Health

555 Linn Street

Allegan, MI 49010

*(Go to the Emergency Room waiting area to large reception window)*

*Any questions, just call (269) 686-4270*

Date and Appointment time \_\_\_\_\_

Company Name \_\_\_\_\_

Authorized by \_\_\_\_\_

Print Employee Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

*Please instruct your employee to bring their Driver's License or other photo I.D. to the visit.*

## Preplacement

- Pre Employment Physical
- DOT Physical
- Urine Drug Screen
- Breath Alcohol Test
- Pulmonary Function Test
- TB Skin Test
- Chest Xray
- Hepatitis B
- Other \_\_\_\_\_

## DOT Recertification

- Urine Drug Screen
- Breath Alcohol Test
- Physical Exam
- Other \_\_\_\_\_

## Initial Injury

- Physical Assessment
- Other \_\_\_\_\_

## Post Accident/Random/Suspicion

- Urine Drug Screen
- Breath Alcohol Test
- Other \_\_\_\_\_

## Return to Duty

- Urine Drug Screen
- Return to Work Exam
- Other \_\_\_\_\_

## Annual

- TB
- Hepatitis B
- Physical Exam
- Other \_\_\_\_\_

*You may fax this authorization form to our office at (269) 686-4305 or have the patient hand carry it to their visit.*