314 Highway 3162
Cut Off, LA 70433
Phone: (985) 632-1820 Fax: (985) 632-1824

AUTHORIZATION FORM

Send the form with your employee or **fax** it to: **(985) 632-1824** **DATE:** ______________________

EMPLOYEE NAME: ____ **DATE OF INJURY:** ______________________

COMPANY NAME: ____ **PHONE:** ____________________________

COMPANY ADDRESS: ____ **FAX:** ______________________________

CITY: ____________________________**STATE:** __________**ZIP:** ______________**PO/JOB #:**___________________

******SERVICES RENDERED ON CHECKED ITEMS ONLY******

PHYSICAL EXAMS
- ☐ DOT Physical
- ☐ Non-DOT
- ☐ Hazardous Waste
- ☐ Crane Operators
- ☐ Merchant Mariner/CG

REASON FOR TEST
- ☐ Pre-Employment
- ☐ Annual
- ☐ Random
- ☐ Post-Accident
- ☐ Reasonable Cause
- ☐ Follow- Up
- ☐ Return to Duty
- ☐ Other __________________

WORK COMP INJURY
- ☐ Bill Company
- ☐ Bill Insurance Carrier

Insurance Carrier Info:
Name: ____________________
Address:___________________
Phone: ____________________
Adjuster: __________________
Claim #:___________________

***It is the responsibility of the company to call in a First Report of Injury (Form IA-1) to your workers compensation insurance carrier.**

URINE DRUG SCREEN
- ☐ DOT (CDL) *
- ☐ Non-DOT
- ☐ DOT Collection Only *
- ☐ Non-DOT Collection Only
- ☐ Quick Screen
- ☐ **OBSERVATION** required for drug screen

HAIR SAMPLE DRUG SCREEN
- ☐Psychemedics
- ☐Quest

ALCOHOL TESTING
- ☐ DOT
- ☐ Non-DOT
- ☐ Breath
- ☐ Saliva

*ALL DOT DRUG SCREENS MUST SPECIFY TESTING AGENCY
- ☐ HHS
- ☐ NRC
- ☐ FMCSA
- ☐ FAA
- ☐ FRA
- ☐ FTA
- ☐ PHMSA
- ☐ USCG

TEST
- ☐ Audiogram
- ☐ Pulmonary
- ☐ Respirator Fit
(Type of Mask)_______________
____
- ☐ Chest X-Ray(1view)
- ☐ Chest X-Ray(2 view)
- ☐ EKG
- ☐ Lumbar X-Ray (2views)
- ☐ Lumbar X-Ray(3 views)
- ☐ Lumbar X-Ray (5views)
- ☐ Eye Exam Only
- ☐ Cervical X-Ray (2 views)
- ☐ Cervical X-Ray (5 views)
- ☐ Other:__________________
____

INJECTIONS
- ☐ Flu Vaccine
- ☐ Hepatitis B Vaccine
- ☐ Tetanus Shot
- ☐ TB Skin Test
- ☐ Other: _________________

LABORATORY TEST
- ☐ Industrial Chem
- ☐ CBC
- ☐ Lead Blood
- ☐ ZPP (Zinc)
- ☐ HIV
- ☐ Other:___________________

AUTHORIZED BY:_________________________________ **TITLE:**__________________________
(PRINT NAME) (REQUIRED)