



OCCUPATIONAL HEALTH SERVICES

AUTHORIZATION FOR PHYSICAL/DRUG-ALCOHOL TESTING/SCREENING

Sparrow Medical Arts Building | 1322 E. Michigan Avenue, Suite 101, Lansing, MI 48912
 Phone: 517.364.3900, Option 1 | Fax: 517.364.3914
 Service Hours Monday-Friday, 7 am. To 4:30 p.m.

EMPLOYEE INFORMATION:

Patient's Name: _____ Date of Birth: _____

Authorizing Company: _____ Social Security #: _____

PHYSICAL EXAM (Bring eyeglasses and/or contact lenses) Appointment Required

- | | | |
|--|--|---|
| <input type="checkbox"/> Post-offer/Pre-hire | <input type="checkbox"/> DOT –New Hire | <input type="checkbox"/> Hazmat |
| <input type="checkbox"/> Annual | <input type="checkbox"/> DOT – Recertification | <input type="checkbox"/> Respirator Clearance |
| <input type="checkbox"/> Fitness for Duty | <input type="checkbox"/> MCOLES | |
| <input type="checkbox"/> Other/Special Instructions: _____ | | |

DRUG AND ALCOHOL TESTING (photo identification required) Walk-in Services

Please indicate reason for requesting drug/alcohol testing:

- | | | |
|---|---|---|
| <input type="checkbox"/> Pre-Employment | <input type="checkbox"/> Random | <input type="checkbox"/> Reasonable Suspicion |
| <input type="checkbox"/> Post-Accident | <input type="checkbox"/> Return to Duty | <input type="checkbox"/> Follow Up |

Breath Alcohol Testing :

- | | |
|--|--|
| <input type="checkbox"/> Non-DOT Breath Alcohol Test | <input type="checkbox"/> DOT Breath Alcohol Test |
|--|--|

Lab Based Drug Screen (send out to Lab):

- | | |
|--|---|
| <input type="checkbox"/> DOT Urine Drug Screen | <input type="checkbox"/> Hair Drug Test |
| <input type="checkbox"/> Urine Drug Screen (Non-DOT) | <input type="checkbox"/> Hair Drug Test Collection Only |
| <input type="checkbox"/> Urine Drug Screen Collection Only | <input type="checkbox"/> Oral Fluid Drug Test Collection Only |
| <input type="checkbox"/> Other/Special Instructions: _____ | |

Rapid Urine Drug Tests:

- | |
|---|
| <input type="checkbox"/> 5 Panel Rapid |
| <input type="checkbox"/> 11 Panel Rapid |
| <input type="checkbox"/> Nicotine Rapid |

SCREENING AND IMMUNIZATION *Requires Appointment for Visit

- | | | |
|--|---|---|
| <input type="checkbox"/> Audiogram w/o interpretation | <input type="checkbox"/> TB Test (PPD) | <input type="checkbox"/> Hepatitis A Vaccine* |
| <input type="checkbox"/> OSHA Audiogram w/interpretation* | <input type="checkbox"/> Quantiferon TB Screen* | <input type="checkbox"/> Hepatitis B Vaccine* |
| <input type="checkbox"/> EKG* | <input type="checkbox"/> Chest X-ray for Positive TB Evaluations* | <input type="checkbox"/> Hepatitis B Titer* |
| <input type="checkbox"/> Respirator Questionnaire | <input type="checkbox"/> Vision Screen | <input type="checkbox"/> Other Vaccine* _____ |
| <input type="checkbox"/> Respirator Fit Test* | | |
| <input type="checkbox"/> Other/Special Instructions: _____ | | |

I request and authorize the above-named employee to receive the services from Sparrow Occupational Health Services and I further understand that my company will be financially responsible for any and all authorized services.

Supervisor Signature: _____

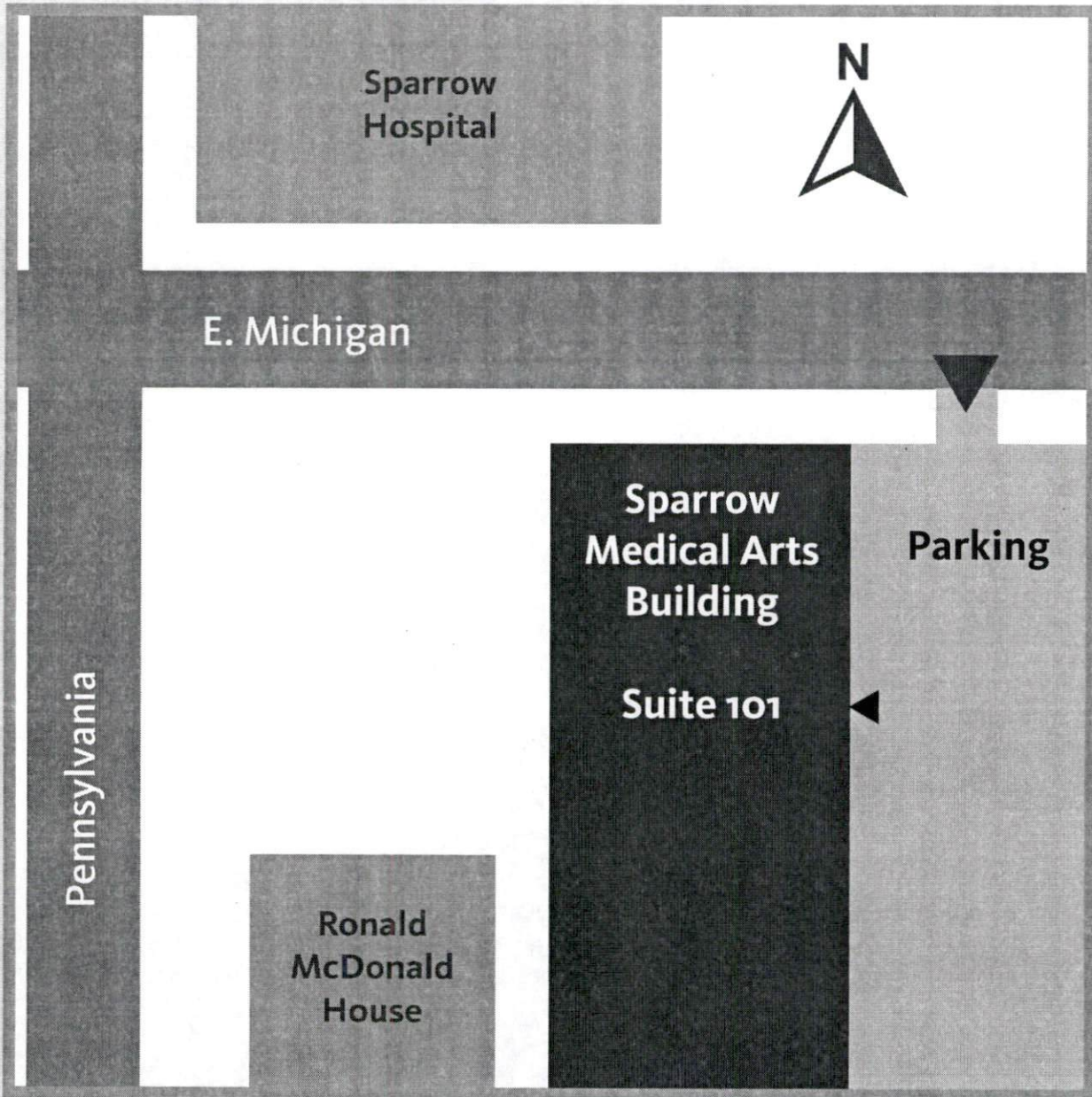
Printed Name: _____ Date: _____

Contact Phone Number: _____ Contact Email: _____

Sparrow Occupational Health

Monday-Friday | 7 a.m. to 5 p.m.

Designated Parking Available on Eastside of Medical Arts Bldg.



Sparrow Occupational Health Services Clinic

Sparrow Medical Arts Building

1322 E. Michigan Avenue, Suite 101, Lansing

517.364.3900