



OCCUPATIONAL HEALTH SERVICES AUTHORIZATION FOR SERVICE

<input type="checkbox"/> Sparrow Occupational Health Clinic Medical Arts Building 1322 E. Michigan Ave. Ste. 101 (517) 364-3900 Mon-Fri 7 a.m.- 5 p.m.	<input type="checkbox"/> Sparrow St. Lawrence Emergency Dept. 1210 W. Saginaw (517) 364-7000 Mon-Fri 5 p.m.- 7 a.m. Sat/Sun/Holidays
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AUTHORIZING COMPANY

Company or Temp Agency (circle one): _____

Street: _____ City: _____ Zip code: _____

Services Authorized by: _____ Title: _____

Phone: _____ Date: _____

PATIENT INFORMATION

Employee/Applicant Name: _____ Social Security #: _____ / _____ / _____

Date of Injury: _____ Approx. Time of Injury: _____ am/pm

Time employee left the site: _____ am/pm First Aid Treatment: _____

Nature of Injury: _____

SERVICES AUTHORIZED

Section I - Injury Care:

NOTE: If injury has not occurred in the past 24 hours, call for an appointment 517-364-3900

- Injury Care
- Post-Accident/Injury Testing-check which tests need to be done:
- Drug Screen
 DOT Non-DOT Instant
- Breath Alcohol
 DOT Non-DOT

Section II - Other Drug/Alcohol Tests:

- Patient instructions: **DO NOT URINATE** just prior to arriving; you must have a **VALID PICTURE ID** for photocopying.
- Purpose of Testing:** Pre-placement Random
 Post Accident Reasonable cause Return To/Fit for duty
- Drug type:** DOT Non-DOT Instant 5-Panel
 Instant 11-Panel
- BAT type:** DOT Non-DOT

Section III - Employment Physicals and Examinations: (Scheduled appointments are required)

- Examination for: Job Title: _____ Department: _____
- Type: _____
- Pre-placement Physical Annual Physical
 DOT Physical: Initial Recertification
 Surveillance Exam (type): _____ Initial Periodic Post exposure Exit
 Second Opinion Fitness for Duty (for non-work related injuries/illnesses)
 Material Handling T.B. Testing Chest X-ray for positive TB test Respirator fit testing
 Other _____

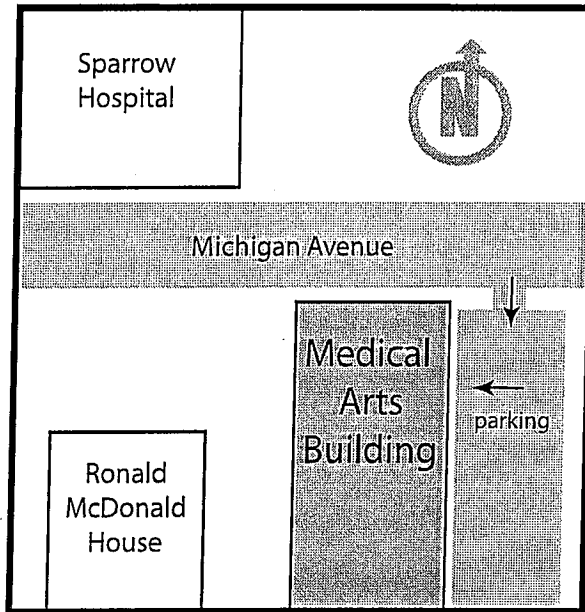
INSTRUCTIONS TO PATIENTS WHO ARE TO BE SEEN FOR A PHYSICAL:

1. If you have an appointment, you will be seen as close as possible to your appointment time; because we are also a walk-in clinic, your appointment may be delayed. Please call ahead if this may cause you a problem.
2. DOT/CDL examinees - DO NOT TAKE ANY CAFFEINE for 8 hours prior to arriving.
3. Bring eye glasses, contact lenses or hearing aid(s), if worn.
4. Blood Tests - check with your employer or the designated clinic, regarding whether fasting is required.
5. If you are under 18 years of age, you will need signed permission from your parent or guardian.

**Occupational Health Services
Medical Arts Building**
1322 E. Michigan Ave., Suite 101
Lansing, MI 48912

Phone: 517.364.3900

Monday-Friday 7:00 a.m.- 5:00 p.m.



**Occupational Injuries After-Hours Drug Screens and Breath Alcohol
Testing Emergency Services**

Phone: 517.364.7000

Monday - Friday

5:00 p.m. - 7:00 a.m.

**Emergency Department
Sparrow St. Lawrence Campus
1210 W. Saginaw, Lansing
Phone: 517.364.7000**

**AFTER HOURS PAGER
FOR DRUG SCREENS
AND ALCOHOL TESTING
PAGE: 360-2165**

