

Employer Paid Service (EPS) Treatment Authorization

Employee /Candidate Name: _____ Job Title: _____

Cell Phone # _____ Social Security #: XXX-XX- _____ DOB: _____

Company Name: _____

Address: _____ Dept / Location: _____

Phone: _____ Email : _____

Person Authorizing (Please Print): _____ Title: _____

Authorization Expires on Date: _____ Time: _____

Clinic Location: _____

DRUG & ALCOHOL TESTING

Reason for Testing

- Pre-Employment
 Random
 For Cause
 Return to Duty (DOT Only)
 Post Accident
 Reasonable Suspicion
 Follow -Up (DOT Only)
 Other: _____

Drug Test with MRO Services

- 5 Panel 10 Panel
 Rapid 5 Panel Rapid 10 Panel
 Hair Drug Test DOT Drug Test

Breath Alcohol Testing

- DOT
 Non-DOT

Consortium / TPA - Specimen Collection Only

- Non-DOT DOT
 DISA Form Fox Other: _____
 Onsite Services Hire Right

PHYSICAL

- Post Offer Physical*
 Job description on file at clinic
 Job description hand carried by employee

REGULATED PHYSICALS

- DOT Physical
 Respirator Physical
 Hazardous Waste Physical
 Asbestos Physical
 Silica Dust Exams**

ANCILLARY

- TB Skin test
 X-ray authorized for TB Test
(Provider Evaluation Required)
 TB IGRA Blood Test
 Audiogram
 Respirator Fit Test ***
 Vision Test
 Pulmonary Function Test
 Functional Capacity Screening

IMMUNIZATIONS

- Hepatitis A
 Hepatitis B
 Flu shot
 TDap
 MMR
 Varicella
 Td
 Other: _____

BLOOD TITERS

- Hepatitis A
 Hepatitis B
 Varicella
 MMR
 Other: _____

* Employee will be evaluated to determine if he/she can perform the functions of the job. A written or verbal job description will be used at providers discretion.
 ** Silica Exams Only - Services will take more than one day to complete and are only performed at selected locations
 *** Must bring mask for Respirator Fit testing.

COMMENTS/ADDITIONAL SERVICES:

Office Use Only: TA completed by Employer TA completed by Clinic Staff Staff Name: _____ Date: _____ Time: _____