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Patient Label

**EMPLOYER AUTHORIZATION**

Date: \_\_\_\_\_ (expires in 30 days)

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Appointment:  Yes  No

Appointment Date: \_\_\_\_\_

Appointment Time: \_\_\_\_\_ AM/PM

\_\_\_\_\_

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

Employee: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

DOB: \_\_\_\_\_

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Job Title: \_\_\_\_\_

**SERVICES TO INCLUDE:** (Check all that apply)

Workmans Comp Injuries: WC Carrier \_\_\_\_\_ Claim# \_\_\_\_\_ Date of Injury \_\_\_\_\_

Treatment for Occupational Injury  Treatment for Blood/Body Fluid Exposure Injury Reported: \_\_\_\_\_

**Physicals: Respirator Evaluations: (Focus exam – HENT&Chest)**

- Pre-placement  School Bus Phys  OSHA Questionnaire Review Only
- Annual/Periodic  DOT Physical  OSHA Questionnaire with PFT (no exam)
- OSHA Medical Surveillance for: \_\_\_\_\_  Coast Guard  OSHA Questionnaire with PFT (with Focus exam)
- Asbestos Questionnaire with Physical  College Physical  OSHA Questionnaire with Fit Test
- School Bus Addendum  School/Sport Phys  OSHA Questionnaire with PFT & Fit Test (no exam)
- OSHA Questionnaire with PFT & Fit Test (w/ Focus exam)

**Fitness Determination: Functional Assessment:**

- Fit for Duty  Return to Work  Back Evaluation  Lift Test

**Drug Screening:**

- DOT urine drug screening  NON-DOT urine drug screening  Hair Collection
- Reason:  Random  Pre-employment  Reasonable Suspicion/Cause  Post Accident
- Type:  Collection and MRO  Collection Only  Instant
- Panel:  4 Panel (urine)  5 Panel (urine)  9 Panel (urine)  10 Panel + OXY (urine)

**Breath Alcohol Testing:**

- DOT BAT  NON-DOT BAT
- Reason:  Random  Pre-employment  Reasonable Suspicion/Cause  Post Accident

**Additional Testing/Procedures:**

- EKG  Chest X-ray (if + PPD history) **indicate:**  1 view (PA)  2 view (PA/LAT)  Immunization Review
- PFT  PPD (Tuberculin Skin Test) and TB Screening Vision (**select**)  Titmus  Snellen
- Audiogram (handheld)  Audiogram (booth): (**select**)  Conservation  non-Conservation

**Vaccines:**

- Hepatitis A vaccine  Hepatitis B Vaccine  Tetanus Diphtheria (Td booster)  Rabies Vaccine
- Other vaccine: \_\_\_\_\_  Tetanus Diphtheria Pertussis (Tdap)  TwinRix (Hep A/B)

**Lab Testing:**

- Complete Metabolic Panel  CBC with diff  Lyme Titer  Lipid Panel
- PSA  Hepatitis C Antibody  ALT  HIV
- Hepatitis B Antibody Quant  Urinalysis (UA)  T-SPOT TB Blood Draw and TB Screening
- Heavy Metals: (specify) \_\_\_\_\_

**Diagnostic Imaging:**

- 1 View Chest X-Ray  2 View Chest X-Ray (PA /LAT)  B-Reading w/ \_\_\_\_\_ view(s) Chest X-Ray  Lumbar-Sacral X-Ray (3-views)

**Occupational Health only:**

Intake Clinical Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Discharge Clinical Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Licensed Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_