

Occupational Treatment Authorization

Employee Name: _____

Job Title: _____ Social Security #: _____ DOB: _____

Company Name: _____ Employer Profile ID # _____

Address: _____ Dept / Location: _____

Phone: _____ Email : _____

Person Authorizing (Please Print): _____ Title: _____

Authorization Expires on Date: _____ Time: _____

Clinic Location: _____

New Company Account with Texas MedClinic Existing Company Account with Texas MedClinic

PHYSICALS

- Post Offer Physical*
 - Job Description On File Job Description Provided
- DOT Physical
- Respirator Physical
- Hazardous Waste Physical
- Asbestos Physical Initial Periodic
- Silica Dust Exams** (Includes: TB test, Chest X-Ray, Spirometry & Physical)

DRUG/ALCOHOL TESTING

Reason for Testing

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

ANCILLARY

- TB test
 - X-ray authorized for TB Test if needed (Physician Evaluation Required)
- T-Spot Blood Test
- Audiogram
- Spirometry
- Respirator Fit Test***
- Vision Test

NON-DOT DRUG TESTING

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

DOT DRUG TESTING

- DOT Drug Test

| DOT Testing Agency | | DOT Testing Authority | |
|--------------------------------|--------------------------------|------------------------------|--|
| <input type="checkbox"/> FMCSA | <input type="checkbox"/> FTA | <input type="checkbox"/> DOT | |
| <input type="checkbox"/> FAA | <input type="checkbox"/> PHMSA | <input type="checkbox"/> HHS | |
| <input type="checkbox"/> FRA | <input type="checkbox"/> USCG | <input type="checkbox"/> NRC | |

*Rapid Drug Testing is Non-DOT. Only using Texas MedClinic lab. Same day negative results before 2 pm, Mon-Fri. Specimens requiring further testing can take 2-7 business days depending on results and date/time of collection.

BREATH ALCOHOL TESTING

- Non-DOT
- DOT

IMMUNIZATIONS

- Hepatitis A
- Hepatitis B
- Td
- Tdap
- MMR
- Varicella
- Flu Shot
- Other: _____

TITERS

- Hepatitis A
- Hepatitis B
- Varicella
- MMR
- Other: _____

Consortium/Third Party Administrator

- DISA
- CMI
- HireRight
- Onsite Services
- FleetScreen
- Other: _____

Chain of Custody Form

- Electronic (Form Fox)
- Employee will hand carry
- Forms on file at clinic

COMMENTS/ADDITIONAL SERVICES:

*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 Physician's discretion.
 ** Silica Exams Only - Services will take more than one day to complete and are only performed at selected locations
 ***Must bring mask & performed at selected locations only

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