

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:

Texas MedClinic Drug Test with MRO Services

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

Breath Alcohol Testing

- Non-DOT DOT

Consortium / TPA Specimen Collection Only

- Non-DOT DOT

Consortium/Third Party Administrator

- DISA Onsite Services
 Form Fox FleetScreen
 HireRight Other:

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
 Functional Capacity Screening

IMMUNIZATIONS

- Hepatitis A MMR
 Hepatitis B Varicella
 Flu shot Td
 TDap 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*

COMMENTS/ADDITIONAL SERVICES:

Office Use Only: TA completed by Employer TA completed by Clinic Staff

Staff Name: _____ Date: _____ Time: _____