245 S Weber Rd
Romeoville, IL, 60446
630 597 1234
info@ezeeurgentcare.com

MEDICAL AUTHORIZATION OCC Health

Patient's Name:_____ Date_____

Employer Name: _____

Reporting Email: _____

DER Name: _____ DER Phone no: _____

Authorization By: _____

Receptionist Name: _____

WORK RELATED INJURY

☐ Work injury tretment ☐ Consult to determine compensability Body part: _____

Evaluation / Examinatons

☐ Pre-Placement Exam / Post-Offer Exam
Job title_____
☐ Annual / Periodic Exam
☐ Respirator Clearance Exam
☐ Respirator Fit Testing (no exam)
☐ Silica Clearance Examination
☐ Asbestos Clearance Examination (appt only)
☐ Chest X-ray (B-Read) ☐ No Chest X-ray

☐ Return to work evaluation
☐ School Bus Driver
☐ Annual New hire
☐ DOT exam
☐ New Certification ☐ Re Certification
☐ Back Evaluation
☐ Chest Xray for TB Screening
Other_____

Drug and Alcohol Screening

Non NIDA / Non DOT

Drug test # of panels___

☐ Pre-Employment
☐ Random
☐ Follow-up (observed)
☐ Reasonable Suspicion
☐ Return to Duty
☐ Post-Accident
☐ Rapid
☐ Other: _____

Breath Alcohol Test

☐ Pre-Employment
☐ Random
☐ Follow-up
☐ Reasonable Suspicion
☐ Return to Duty
☐ Post-Accident
☐ Other : _____

NIDA / DOT

Drug test # of panels___

☐ Pre-Employment
☐ Random
☐ Follow-up (observed)
☐ Reasonable Suspicion
☐ Return to Duty
☐ Post-Accident
☐ Rapid
☐ Other: _____

Breath Alcohol Test

☐ Pre-Employment
☐ Random
☐ Follow-up
☐ Reasonable Suspicion
☐ Return to Duty
☐ Post-Accident
☐ Other : _____

Other Services

☐ Labs (Titers): MMR Hep B Varicella
☐ QuantiFERON Gold – TB Blood Test
☐ Vision Screening
☐ Respirator Fit Test
☐ Other _____
☐ Lead/ZPP
☐ PPD TB Skin Test 1 Step 2 Step Audiometric Screening
☐ OSHA Questionnaire Review only
☐ Pulmonary Function Test (PFT)