



AUTHORIZATION FORM

2120 N 27TH Street · Decatur, IL 62526 · (p) 217-876-4900 · (f) 217-423-3428

Patient Name:		Date of Birth:		SSN (last 4):	
Company Name:					
Authorizing Person:		Phone:			
Date of Visit:		Time:			

PHYSICALS	DRUG SCREEN		BREATH ALCOHOL
<input type="checkbox"/> Bus Driver Physical <input type="checkbox"/> DOT <ul style="list-style-type: none"> <input type="radio"/> Pre Employment <input type="radio"/> Recertification <input type="checkbox"/> HAZMAT <ul style="list-style-type: none"> <input type="radio"/> Pre Employment <input type="radio"/> Recertification <input type="checkbox"/> Pre-Employment WORK COMP <input type="checkbox"/> Initial Injury <input type="checkbox"/> Follow up	<input type="checkbox"/> DOT <ul style="list-style-type: none"> <input type="radio"/> Pre-employment <input type="radio"/> Random <input type="radio"/> Post-Accident <input type="radio"/> Return to Work <input type="radio"/> Reasonable Suspicion <input type="checkbox"/> Non-DOT <ul style="list-style-type: none"> <input type="radio"/> Pre-employment <input type="radio"/> Random <input type="radio"/> Post-Accident <input type="radio"/> Return to Work <input type="radio"/> Reasonable Suspicion <input type="checkbox"/> CICI <ul style="list-style-type: none"> <input type="radio"/> Pre-employment <input type="radio"/> Random <input type="radio"/> Post-Accident <input type="radio"/> Return to Work <input type="radio"/> Reasonable Suspicion 	<input type="checkbox"/> Plant Access <ul style="list-style-type: none"> <input type="radio"/> CICI <input type="radio"/> DISA <input type="radio"/> AKORN <input type="radio"/> Monsanto <input type="radio"/> Other _____ <input type="checkbox"/> Hair <ul style="list-style-type: none"> <input type="radio"/> 5 panel <input type="radio"/> 13 panel <input type="radio"/> 17 panel <input type="checkbox"/> Saliva <ul style="list-style-type: none"> <input type="radio"/> 5 panel <input type="radio"/> 10 panel <input type="radio"/> Nicotine Lab Based <input type="checkbox"/> 5 panel <input type="checkbox"/> 10 panel <input type="checkbox"/> K2/Spice <input type="checkbox"/> Custom _____ Rapid <input type="checkbox"/> 4 panel (no THC) <input type="checkbox"/> 9 panel (no THC) <input type="checkbox"/> 5 panel <input type="checkbox"/> 10 panel <input type="checkbox"/> 12 panel	<input type="checkbox"/> DOT <ul style="list-style-type: none"> <input type="radio"/> Pre-employment <input type="radio"/> Random <input type="radio"/> Post-Accident <input type="radio"/> Return to Work <input type="radio"/> Reasonable Suspicion <input type="checkbox"/> Non-DOT <ul style="list-style-type: none"> <input type="radio"/> Pre-employment <input type="radio"/> Random <input type="radio"/> Post-Accident <input type="radio"/> Return to Work <input type="radio"/> Reasonable Suspicion
RESPIRATORY <input type="checkbox"/> Asbestos Physical <input type="checkbox"/> Silica Physical <input type="checkbox"/> Respiratory Evaluation <ul style="list-style-type: none"> <input type="radio"/> Pre-employment <input type="radio"/> Annual/Recertification <input type="checkbox"/> Fit Testing <ul style="list-style-type: none"> <input type="radio"/> Quantitative <input type="radio"/> Qualitative <input type="checkbox"/> PFT			
SERVICES	IMMUNIZATIONS	LAB	
<input type="checkbox"/> Audiogram <ul style="list-style-type: none"> <input type="radio"/> Baseline <input type="radio"/> Retest <input type="checkbox"/> Fingerprinting <input type="checkbox"/> Fit-for-Duty <input type="checkbox"/> Lift Evaluation <input type="checkbox"/> TB Skin Test <ul style="list-style-type: none"> <input type="radio"/> 1 step <input type="radio"/> 2 step <input type="radio"/> quantiferon <input type="checkbox"/> Vision <ul style="list-style-type: none"> <input type="radio"/> Snellen <input type="radio"/> Color R/Y/G <input type="radio"/> Color Ishihara <input type="radio"/> Titmus <input type="checkbox"/> Foreign Travel	<input type="checkbox"/> Hepatitis B <input type="checkbox"/> Influenza <input type="checkbox"/> MMR <input type="checkbox"/> TDAP <input type="checkbox"/> Other:	<input type="checkbox"/> MMR Titer <input type="checkbox"/> Hep B Titer surface AB <input type="checkbox"/> Hep C Titer AB <input type="checkbox"/> Varicella Titer <input type="checkbox"/> HIV <input type="checkbox"/> Wellness <ul style="list-style-type: none"> <input type="radio"/> CBC <input type="radio"/> CMP <input type="radio"/> Lipid <input type="radio"/> A1C <input type="radio"/> PSA <input type="checkbox"/> Exposure Visit <ul style="list-style-type: none"> <input type="radio"/> HIV/Hep B/Hep C 	
		<input type="checkbox"/> ONSITE <input type="checkbox"/> YES <input type="checkbox"/> NO	
		NOTES:	

