

# Authorization for Treatment or Examination

(Applicant / Employee must present photo ID)

Fossil Creek  South Fort Worth

Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

EmployerLocation/Branch \_\_\_\_\_

**WORK RELATED INJURY/ILLNESS CARE D/O/I** \_\_\_\_\_

Causation of Injury/Illness \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUBSTANCE ABUSE TESTING**

**DOT Drug Screen**

FMCSA  PHMSA  Other \_\_\_\_\_

**NON-DOT DRUG SCREEN (LAB TESTING)**

Collection only  Urine  Hair

Hair Follicle # \_\_\_\_\_

Finger/Toe Nail Testing # \_\_\_\_\_

**STAT DRUG SCREEN**

5 panel  9 panel  Custom panel \_\_\_\_\_

**BREATH ALCOHOL TESTING**

DOT  Non-DOT

**REASON FOR TESTING**

- Post Offer
- Post-Accident
- Random
- Reasonable Cause
- Follow up
- Other

**DOT MEDICAL EXAMINATION**

New Hire  Re-Certification

Return to Work / Fit for Duty

**PHYSICAL EXAMINATIONS**

- Post Offer
- Return to Work / Fit for Duty
- Exit
- Annual

**MEDICAL SURVEILLANCE**

- Respirator Medical Certification
- Crystalline Silica Examination
- Asbestos Examination
- Underwater Diver Examination
- HAZMAT / HAZWOPER
- Audiogram
- Lead/ZPP
- Other \_\_\_\_\_

**ABILITY TEST / WORKSTEPS**

Position \_\_\_\_\_

**OTHER TESTING**

- Respirator Mask Fit Testing only  
*Model(s)* \_\_\_\_\_
- Pulmonary Function Test (PFT) only
- PPD (TB skin test / 2 steps)
- TB Spot (TB blood test / 1 step)
- Chest X-ray
- Hep A  Hep B  Rabies  Tetanus
- Special Request \_\_\_\_\_

Instructions/Comments \_\_\_\_\_

**No children allowed in testing areas. Please make arrangements.**

Applicant to Pay  Bill Workers' Comp  Bill Employer

Authorized \_\_\_\_\_  
*Print name* *Signature*

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Date \_\_\_\_\_

*After completing the form, select SUBMIT to send electronically*

**SUBMIT**