



Fossil Creek    South Fort Worth

Patient Name: \_\_\_\_\_ SS#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Company: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Work Related**

Injury Treatment    Illness    Evaluation Only

Date of Injury \_\_\_\_\_

**Physical Examination**

Post Offer    Respirator Certification

Return To Work / Fitness For Duty

Annual \_\_\_\_\_

**Substance Abuse Testing**

Pre-Employment Drug Screen    DOT    non-DOT

Post Accident Drug Screen    DOT    non-DOT

Random Drug Screen    DOT    non-DOT

Breath Alcohol (EBT)    Random Breath Alcohol

Quick Drug Screen

**Ability Test / WorkSteps** \_\_\_\_\_

**D.O.T. Physical Examination**

New Certification    Re-Certification

Other \_\_\_\_\_

**Special Exams/Tests**

Audiogram    Visual Acuity    Hep B    PPD    PFT only

Special Instructions/ Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAYMENT METHOD:**    Bill Employer    Bill Carrier    Paid by Applicant

Authorized by: \_\_\_\_\_  
*Print Name*   *Signature*

Phone: \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_



Acrobat Reader 9 required if you want to save this completed form to your local computer



**OCCUPATIONAL  
HEALTH SOLUTIONS**

### **Fossil Creek Clinic**

3645 Western Center Blvd.  
Fort Worth, Texas 76137  
(817) 306-9200  
(817) 306-0329 Fax  
Monday -Friday 8 am to 6 pm

### **South Fort Worth Clinic**

4775 South Freeway at Felix  
Fort Worth, Texas 76115  
(817) 921-2500  
(817) 921-0625 Fax  
Monday - Friday 8 am to 5 pm

