AUTHORIZATION FOR SERVICES

938 W 3rd Ave
Moses Lake, WA 98837

Phone: 509-350-4785
Fax: 509-380-9591
occmed@nwmedicalgroupwa.com

Today's Date ____________________________ Expiration Date____________________________

Company Name ____

Employee Name ____ DOB_____________________________________

Drivers License # ____ Employee Phone # ________________________________

Authorized by ____ Phone __________________________________

CHECK ALL SERVICES REQUIRED

Services will be conducted and resulted according to your established protocols

DRUG & ALCOHOL TESTING

Test Type(s) and Reason are required

Test Type(s)
- DOT Drug Test Panel
- NonDOT Drug Test Panel
- NonDOT Type
- Instant Test Panel
- Hair Test Panel
- EST/Breath Alcohol
- Other Special Requirements:

Reason
- Pre-Employment
- Random
- Reasonable Susp/For Cause
- Post-Accident Injury
- Follow-Up
- Return to Duty

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PHYSICAL EXAMINATIONS

Exam Type and Reason are required

Exam Type
- DOT Exam
- Basic NonDOT Exam
- Respirator Certification
- Asbestos
- Level 1 Physical
- Level 2 Physical
- Other or Special Requirements:

Reason
- Post-offer/Pre-Placement
- Recertification
- Initial/Baseline
- Periodic/Annual
- Exit
- Return to Duty

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IMMUNITY SERVICES

Immunizations
- Flu
- Tdap
- Hep A
- Hep B
- MMR
- Varicella
- Other or Special Requirements:

Titers-Immunity Blood Tests
- Hep A
- Hep B
- MMR
- Varicella (Chicken Pox)

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SCREENING TESTS WITHOUT AN EXAM

- Audiogram
- Respirator Questionnaire
- Respirator Fit Test
- Step Test
- Other or Special Requirements:

- TB Skin Test
- Vision
- Lift Test
- Vital Capacity Test/PFT

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Remarks: ____
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EMPLOYEE AUTHORIZATION:

I certify that the information provided is correct and authorize NORTHWEST MEDICAL GROUP to review the results and release them to my employer, prospective employer or employer's authorized personnel, for purpose of employment, pre-employment or screening.

Employee Signature ____Date ____________________________

Printed Name ____Date __________________________