

REFERRAL AND AUTHORIZATION

PLEASE TYPE OR PRINT IN INK

EMPLOYEE NAME (LAST, FIRST, MI) / JOB TITLE		SOCIAL SECURITY / EMPLOYEE ID		DATE
APPOINTMENT DATE	APPOINTMENT TIME	NOTIFICATION TIME		
SUPERVISOR / REFERRED BY:	PHONE NUMBER	FAX NUMBER	EMAIL	
COMPANY INFORMATION	NAME			
	ADDRESS			
	CITY, STATE, ZIP			

Please have your employee bring in a drivers' license or photo ID.

As a representative of the company indicated above, I authorize Apple Valley Medical Clinic OHS to examine and treat, if necessary, the individual bearing this form.

SIGNATURE _____

DATE _____

EMPLOYEE INJURY CARE

- Work-Related Injury or Illness
 Non Work-Related Injury or Illness
 Unknown

Type of Injury / Illness: _____

Date of Injury: _____

Workers' Compensation Insurance: _____

Phone: _____

Post-Injury or Post-Accident Drug or Alcohol Testing Required?

- Yes No

OCCUPATIONAL HEALTH EXAMINATIONS

- DOT Exam (Please indicate type)
 Pre-Employment or Recertification
 Pre-Placement (non-regulated baseline exam)
 Combined Pre-Placement & DOT Exam
 Respirator Clearance
 Fitness for Duty
 Pre-Work Screen
 (Courage Kenny Sports & Physical Therapy – Apple Valley)
 Audiogram (Hearing Test)
 Other

DRUG & ALCOHOL TESTING

Drug Screen Testing (Urine)

- Federal/Regulated (DOT)
 Non-Regulated (Non-DOT)
 Other (Non-Regulated)

Reason for Test

- Pre-Employment
 Post-Injury/Post-Accident
 Random
 Return to Duty
 Reasonable Suspicion
 Follow-up

Alcohol Testing (Breath Alcohol)

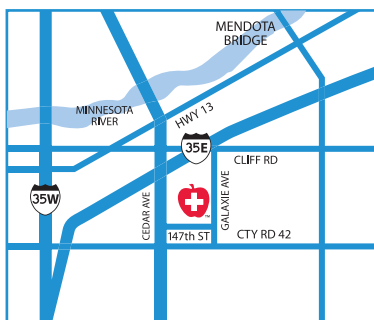
- Federal/Regulated (DOT)
 Non-Regulated (Non-DOT)
 Non-Regulated Blood Alcohol Draw

Reason for Test

- Post-Injury/Post-Accident
 Random
 Return to Duty
 Reasonable Suspicion
 Follow-up

VACCINATIONS/OTHER OCCUPATIONAL HEALTH SERVICES

- Hepatitis B Immunization - Vaccination Series 1 2 3
 Hepatitis B Titer
 TB/Mantoux (Tuberculin Skin Test) Step 1 Step 2 (if required)
 Positive Tuberculin Skin Test Follow-up (Chest X-ray)
 QuantiFERON - TB Gold (Tuberculosis Lab Test/Blood Draw)
 Tetanus Shot
 Flu Vaccination
 Other



PLEASE CONTACT JACK EIBS AT 612-209-5768 OR jeibs@applevalleymc.com WITH ANY QUESTIONS.



**APPLE VALLEY
MEDICAL CLINIC, LTD.**

Occupational Health Services

14655 Galaxie Avenue • Apple Valley, MN 55124
 (952) 432-6161 (Scheduling) • (952) 997-9820 (OHS Dept)
 Fax (952) 997-9836

HOURS:

Occupational Health Exams:
 8:00 AM - 6:00 PM, Monday through
 Friday. Please call for an appointment.

Injury Care, Drug & Alcohol Testing
 Walk in service 365 days a year, from
 7 am to 11 pm