976 Mountain City Hwy, Elko Nevada 89801
Phone: 775-777-7587 Fax: 775-738-9584
Email: alonya@a-plusurgentcare.com

MEDICAL AUTHORIZATION

Appointment Date/Time: _____

Employee Name: _____ DOB: _____ Phone #: _____

Company Name: _____ Contact Name: _____

Phone#: _____ Fax#: _____

☐ **Physical Exam:** ☐ DOT/CDL ☐ Pre-Placement ☐ HAZMAT ☐ Annual
☐ Return to Work Clearance ☐ Biometric Screening

☐ **Non-DOT Alcohol:** ☐ Breath ☐ Blood

☐ **Drug Screen:**

☐ **Quick** (*in-house*):
- ☐ 12 Panel
- ☐ Syn. Marijuana (*Spice/K2*)
- ☐ Alcohol (*instant read*)
  - ☐ Pre-Placement
  - ☐ Random
  - ☐ Post-Accident
  - ☐ Reasonable Suspicion

☐ **Non-DOT** (*send-out*):
- ☐ Pre-Placement
- ☐ Random
- ☐ Post-Accident
- ☐ Reasonable Suspicion
- ☐ Other_____

☐ **DOT** (*send-out*):
- ☐ Pre-Placement
- ☐ Random
- ☐ Post-Accident
- ☐ Reasonable Suspicion
- ☐ FMSCA
- ☐ PHMSA
- ☐ Other _____
- ☐ Other _____

☐ **Hair Test:** ☐ Hair Test (*Collection Only*)

☐ **Respirator Fit Test** (*OHD Quantitative*): ☐ **Mask Type:** ☐ **Protocol:**

- ☐ 3M Half-Mask
- ☐ North Half-Mask
- ☐ North Full-Face Mask

- ☐ CBRN
- ☐ REDON (APR)
- ☐ CSA SCBA
- ☐ SCBA

☐ **Pulmonary Function Test** ☐ **Snellen Vision Test** ☐ **HEP A SERIES** ☐ 1st ☐ 2nd

☐ **Audiogram** ☐ **Tetanus** ☐ **HEP B SERIES** ☐ 1st ☐ 2nd ☐ 3rd

☐ **EKG** (*resting*) ☐ **Flu Shot** ☐ **TB Test** ☐ 1st ☐ 2nd

☐ **Lift Test** (*On-site with Aikenhead PT*) ☐ **Typhoid Vaccine** ☐ **Ishihara's Test** (*Color Deficiency*)

☐ **Lab Tests:** _____

☐ **X-Rays:** _____

☐ **Other:** _____

☐ **Email Results to:** _____ ☐ **Fax Results to:** _____

_____
Authorized Representative Signature

Documents in Chart _____ *Documents Sent to Employer* _____ *Logged DOT Registry* _____

Revised 2/16/15