



Authorize to Treat Form

* Photo ID Required * Arrive 30 minutes prior to close
HOURS: 7:00 AM - 6:00 PM Monday - Friday

- * PHYSICAL EXAM: Please bring your glasses or contacts
- * DRUG SCREEN: Please, do not urinate prior to arrival
- * PULMONARY FUNCTION: Do not eat, smoke or use inhaler 1 hour prior to arrival
- * RESPIRATOR FIT: Bring Mask/Filters; Do not eat, smoke or use inhaler 1 hour prior to arrival

Company Name _____ Date _____

Authorized by: _____ Phone _____

EMPLOYEE INFO

Name: _____ DOB _____ SSN _____

Address: _____ Phone _____

I hereby authorized Holland Medi Center and its staff to perform the testing requirements below. I also authorize Holland Medi Center to release the results of these tests to the employer.

Signature _____ Date _____

INJURY

TREATMENT/EVALUATION

- Treatment of alleged work-related injury or illness
- What is the type of injury or illness _____
- Drug Screen with initial visit Breath Alcohol Test

NON-DOT PROCEDURES

DOT PROCEDURES

PHYSICAL EXAMS

PHYSICAL EXAMINATION

- Post Offer/Pre-employment
- Return to Work
- Fit for Duty
- Respiratory
- Hazmat
- Asbestos
- Other

PHYSICAL EXAMINATION

- New
- Recertification
- Follow-up

DRUG TEST

DRUG TEST - TYPE

- Pre-established Protocol (HMC clients)
- Test @ HMC-rapid screen
 - 6 10 Nicotine
- Collection ONLY - Urine
- Hair Collection
- Saliva
- Direct Observe

REASON FOR DRUG TEST

- Pre-employment
- Random
- Reasonable Suspicion/Cause
- Post Accident
- Return to Work
- Follow-up testing
- Other

DRUG TEST - FEDERALLY MANDATED

- Urine
- REASON FOR DRUG TEST**
 - Pre-employment
 - Random
 - Reasonable Suspicion/Cause
 - Post Accident
 - Return to Work
 - Follow-up
- DOT - SPECIFY DOT AGENCY:**
 - FMCSA FAA FRA
 - FTA PHMSA USCG

ALCOHOL TEST

BREATH ALCOHOL TEST - TYPE

- Breath
- REASON FOR ALCOHOL TEST**
 - Pre-employment
 - Random
 - Post Accident
 - Reasonable Suspicion/Cause
 - Return to Work
 - Follow-up testing

ALCOHOL TEST - FEDERALLY MANDATED

- Breath Alcohol Test
- REASON FOR ALCOHOL TEST**
 - Pre-employment Return to Work
 - Random Follow-up
 - Post Accident
 - Reasonable Suspicion/Cause

OTHER

- Hepatitis B Vaccine # _____
- Chest X-Ray
- Pulmonary Function Test
- Labs _____
- TB _____ single _____ 2step
- Audiogram baseline
- Vision Titmus
- Respirator Fit Test
- Tetanus
- Audio Annual
- Vision Ishahara
- Lift test & education - # _____
- Titer, type _____
- Audio Follow-up
- Vision Jaeger

COMPANY INSTRUCTIONS

Other testing and/or company specific instructions:

As of July 2, 1992, employers with 25 or more employees must comply with Title 1 of the Americans with Disability Act (ADA). Under this statute, no medical questions may be asked prior to an offer of employment. Your potential employer has asked us, Holland Medi Center to perform your Pre-Placement Physical Examination and/or Drug Screening. Consistent with Title 1 of the ADA, we understand you have been offered employment. This signature also applies to any Rehires, Return to Work, Re-certification or Annual Physical Examination for this employer.

It is your employer's responsibility to determine your employability with or without accommodation. To assist them in making that decision, all information obtained during this examination, including your MEDICAL HISTORY and the PHYSICAL FINDINGS will be furnished to your employer at their request. No personal information will be given to any outside source for any reason, other than the employer above, without the patient's consent.



Occupational Health Services

Providing Solutions for Occupational Health

Holland Medi-Center

335 N. 120th Ave. (Between James & Lakewood Blvd)

Holland, MI 49424 Phone: (616) 392-5222

Hours: 7:00 AM - 6:00 PM Monday - Friday

www.medicenter.net

