PARTNERS IN SAFETY

Authorization for Services

Date _____ / _____ / _____

Employee Name _____

Employer Name _____

Company Contact _____

Phone _____ **Fax** _____

Physical Examinations

☐ **DOT Physicals**

☐ **NYS 19A Physical**

☐ **Monitor / Attendant**

☐ **NYC Monitor / Attendant**

☐ **Employment Physical**

☐ **Respirator Clearance**
- ☐ Pulmonary Function Test
- ☐ OSHA Questionnaire Review
- ☐ Physical

☐ **Fit Test**

☐ **Fire Fighter Physical**
- ☐ Interior
- ☐ Exterior
- ☐ Other_____

☐ **Medical Surveillance/Immunizations**
- ☐ Audiogram
- ☐ Blood Tests _____
- ☐ EKG
- ☐ TB Skin Test 1 Step_____ 2 Step_____
- ☐ Hepatitis B Vaccination ☐ 1st ☐ 2nd ☐ 3rd
- ☐ Hepatitis B Antibody Titer (blood draw)
- ☐ MMR Titer
- ☐ Varicella Titer
- ☐ Tetanus, Diphtheria, Pertussis (TDAP)
- ☐ Flu Vaccination
- ☐ Lift Test
- ☐ Other_____

Drug & Alcohol Testing

Non-DOT Drug Testing

4 Panel_____ 5 Panel_____ 9 Panel_____ 10 Panel_____

- ☐ Pre-employment
- ☐ Post Accident
- ☐ Random
- ☐ Other _____

DOT Drug Testing
- ☐ Pre-employment
- ☐ Post Accident
- ☐ Return to Duty (observed)
- ☐ Random
- ☐ Reasonable Suspicion/Cause
- ☐ Follow-up (observed)

Breath Alcohol Testing DOT_____ NON-DOT_____
- ☐ Pre-employment
- ☐ Post Accident
- ☐ Return to Duty
- ☐ Random
- ☐ Reasonable Suspicion/Cause
- ☐ Follow-up

Special Instructions: _____

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☐ **Orange County**
(Corporate Headquarters)
800 Route 17M, Middletown, NY 10940
Tel: 845-341-0515
Fax: 845-341-0710

☐ **Rockland County**
55 Old Nyack Turnpike, Suite 401
Nanuet, NY 10954
Tel: 845-624-3882
Fax: 845-624-3992

☐ **Westchester County**
15 North Broadway, Suite D
White Plains, NY 10601
Tel: 914-285-0434
Fax: 914-288-9516

☐ **New York City**
408 West 45th Street,NY, NY 10036
Tel: 212-PARTNER
(212-727-8637)
Fax: 212-246-0269

☐ **Dutchess County**
1136 US-9,
Wappingers Falls, NY 12590
Tel: 845-632-1228

Method of Payment
- ☐ Bill to Employer
- ☐ Payment Due Upon Service

Authorization Signature:

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