



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 5 Panel_____ 10 Panel_____

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

DOT Drug Testing

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

Breath Alcohol Testing DOT_____ NON-DOT_____

- Pre-employment
- Random
- Post Accident
- Reasonable Suspicion/Cause
- Return to Duty
- Follow-up

Special Instructions: _____

Method of Payment

- Bill to Employer
- Payment Due Upon Service

Authorization Signature:
