HMC
Holland Medi Center

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:_____ **Staffing Agency:** _____

Patient Name:_____ **SS# XXX-XX-**_____ **Date** _____

Authorized By:_____ **Employer Telephone #:**_____

INJURY

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
- ❑ 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
- ❑ Random
- ❑ Post Accident
- ❑ Reasonable Suspicion/Cause
- ❑ Return to Work
- ❑ Follow-up

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:

_____

_____

_____

_____

335 N. 120th Avenue Holland, MI 49424 www.medicenter.net Phone: 616.392.5222 Fax: 616.392.3653