



Occupational Health Program

COMPANY AUTHORIZATION

CRESTWOOD FLOSSMOOR SOUTH HOLLAND TINLEY PARK

APPOINTMENT SCHEDULED APPOINTMENT NEEDED Phone Authorization taken by (Ingalls) staff:

Form with fields: COMPANY NAME, DATE, COMPANY CODE, EMPLOYEE/APPLICANT NAME, DATE OF BIRTH, JOB TITLE, VISIT AUTHORIZED BY, PHONE #, FAX #, COMPANY AUTHORIZED SIGNATURE

By my signature above, I authorize Ingalls Occupational Health and/or Ingalls Urgent Aid/Emergency Department, to see the above employee/applicant in accordance with our company profile.

INJURY TREATMENT NOTE: Ingalls will follow drug testing protocol on company profile unless indicated below under Drug/Breath Alcohol Screening. DATE OF INJURY: NATURE OF INJURY / BODY PART:

PHYSICAL EXAMINATION Position Offered for New Hire: Note: Done at Ingalls Occupational Health Clinics during business hours only. NEW HIRE DOT NEW HIRE DOT RECERTIFICATION RETURN TO WORK FIT FOR DUTY RESPIRATOR CLEARANCE OTHER ESSENTIAL FUNCTION TEST (APPOINTMENT ONLY)

DRUG / BREATH ALCOHOL SCREENING REASON FOR TESTING: DOT DRUG SCREEN PACE PRE-PLACEMENT REASONABLE CAUSE/SUSPICION NON-DOT DRUG SCREEN DOT BREATH ALCOHOL HAIR (CLINIC ONLY) POST ACCIDENT RETURN TO DUTY RAPID DRUG SCREEN NON- DOT BREATH ALCOHOL RANDOM OTHER

ANCILLARY TESTING AUDIOGRAM FLU VACCINE HEPATITIS B TITER HEPATITIS B SERIES TDAP TB OTHER

You may use any of the Ingalls Urgent Aid facilities after clinic hours for injury or drug/alcohol testing only, or, for serious injuries, the Ingalls Emergency Department. All follow up care should be provided at one of our Ingalls Occupational Health clinics.