

MEDICALAUTHORIZATION			
Patient's Name:		Toda	ay's Date:/
Employer Name:		Phot	ne: ()
Authorized By: (Print Name)		Authorization	n Expires://
WORK-RELATED INJUNCTIONS & PHY EVALUATIONS & PHY Pre-Placement / Post-O Office Factory Other:	Consult to determine (Evaluation for cause of injury	Respirator Fit Testing Fitness for Duty Evaluati Annual School Bus Drive	
☐ Annual / Periodic Exam ☐ Respirator Clearance Ex		Other: (Please complete if item is not listed)	
DRUG & ALCOHOL S			
Non-NIBA // Non-Beparitine Drug Pre-Employment Random Follow-up Reasonable Suspicion Return to Duty Post-Accident Hair Follicle Drug Rapid Other:	Alcohol Colored Breath Color	NIDA: //Department of Jiran Drug □ Pre-Employment □ Random □ Follow-up □ Reasonable Suspicion □ Return to Duty □ Post-Accident □ Other:	Alcohol Evidential Breath Test (EBT) □ Random □ Follow-up
OTHER SERVICES			
☐ Audiogram☐ Tuberculosis (TB) Test☐ Hepatitis B Vaccine			
Other:			
☐ Other:		 _	

Locations listed on back.