

Athens Limestone Occupational Health

Treatment Authorization

Patient's Name _____

Date _____

Company: _____

Phone: _____

Authorized for Treatment by: _____

Print Name: _____

Workers' Compensation Injury

Include: Drug Screen EBT (Evidential Breath Test)

DRUG SCREENS MUST BE AT THE CLINIC NO LATER THAN 4:00 P.M.

Pre-Employment Drug Screen

Rapid: 5 _____ 10 _____

Federal DOT Non-Federal: 5 _____ 8 _____ 10 _____

Federal / Non-Federal Drug Screening (select Test & Reason)

Test:

Federal DOT Non-Federal: 5 _____ 8 _____ 10 _____

Hair Test Collection Only

Reason:

For Cause Drug Screen

Random Drug Screen

Follow-Up Drug Screen

Return To Duty Drug Screen

Post-Accident Drug Screen

EBT (Evidential Breath Test) Federal Non-Federal

Pre-Employment Physical

DOT Physical

Annual Physical

Respirator Physical

Include: Pulmonary Function Test (PFT)

Respirator Review and Clearance

Include: Pulmonary Function Test (PFT)

Return to Duty Physical

Fit for Duty Physical

TB Skin Test

Hep B - Titer or Vaccine Series

Respirator Fit Test

Audiogram

Other _____

Athens Limestone Occupational Health

15243 Greenfield Drive • Athens, AL 35613 • (256) 771-0994

Monday - Friday: 7 a.m. - 5 p.m.

