Occupational Health
Authorization for Treatment or Examination

SUNCOAST URGENT CARE & OCCUPATIONAL HEALTH

Open 7-Days A-Week
M-Sa 9:am-9:pm
Su 10:am-4:pm

☐ **10730 S.R. 54 Trinity, FL 34655**
Ph: 727-372-3888 / F: 727-372-3820

☐ **4112 Mariner Blvd Spring Hill, FL**
Ph: 352-684-3288 / F: 352-610-4360

• WORKERS COMP INJURY TREATMENT • DRUG/ALCOHOL TESTING (FLORIDA DRUG FREE, D.O.T., RAPID TESTING)
• EMPLOYMENT EXAMS • DOT EXAMS • RESPIRATOR EXAMS, (OSHA) • HEARING/VISION TESTING

ACCT# _____

EMPLOYER INFORMATION

COMPANY: _____ CONTACT: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PHONE: ( ) _____ FAX# ( ) _____ MOBILE: ( ) _____

EMAIL: _____ EMAIL: _____

This is to authorize Suncoast Urgent Care and Occupational Health Center to provide requested services for the employee listed below

_____
(Employee Name)

___/___/___ _____ _____
DATE Time Employer Representative Signature)

INJURY TREATMENT

SECTION 1

☐ **WORKERS COMPENSATION INJURY CARE** ☐ **DRUG TEST REQUIRED?**
If Yes, go to section 2 to select type & reason

WORKERS COMP INSURANCE INFORMATION

Insurance Company Name:_____ W/C Policy#: _____ EFF Date_____

Insurance Co. Address: _____ CITY: _____ ST: _____ ZIP: _____

Adjuster: _____ Ph: _____ Fax: _____ Email: _____

TPA Or Leasing Co.: _____ Ph: _____ Fax: _____ Email: _____

DRUG/ALCOHOL TESTING

Identification Required

TEST TYPE

☐ D.O.T. 5-Panel Drug Test
☐ D.O.T. Breath Alcohol

DOT TESTING AUTHORITY
☐ FMCSA ☐ FAA ☐ FRA
☐ FTA ☐ PHMSA ☐ USCG

☐ Non-DOT 5 10
☐ *(add Expanded Opiate panel)*
☐ FLDFW 5 8 10 *(Florida Drug Free)*
☐ NON-DOT Breath Alcohol
☐ *FDFWP* Blood Alcohol
☐ RAPID TEST 5-Panel (eScreen)
☐ RAPID Test 10-Panel
☐ RAPID Test 12-Panel (Expanded Opiate)
☐ Hair Testing
☐ Collection Only ☐ Other: _____

TEST REASON

☐ Pre-Employment
☐ Random
☐ Reasonable Susp
☐ Post Accident (DOT) (i.e. DOT / Vehicle related)
☐ Post Accident/Injury (i.e. Worker Comp Injury)
☐ Return To Duty
☐ Follow-Up
☐ Other: _____

EMPLOYMENT EXAMS

SECTION 2

PHYSICAL EXAMINATIONS

☐ Employment (New Hire) ☐ Fitness for-Duty
☐ D.O.T. ( ) New ( ) Re-Cert ☐ Executive

OSHA SURVEILLANCE

☐ Respirator Clearance ☐ Audiogram (Hearing)
☐ Other: _____

PURPOSE FOR EXAM

☐ Baseline ☐ Annual ☐ Return To Duty ☐ Separation/Retirement

OTHER EMPLOYER SERVICES

SECTION 3

☐ TB/PPD ☐ Hepatitis B Series ☐ Hepatitis B Titer ☐ Hepatitis A/B Series (Twinrix) ☐ Tetanus ☐ Other:_____