Check One: ☐ Frederick Health Employer Solutions ☐ Carroll Occupational Health — Affiliated with Carroll Hospital Center

AUTHORIZATION FOR MEDICAL SERVICES

COMPANY NAME	**EMPLOYEE'S NAME**

IF TEMPORARY EMPLOYEE – NAME OF TEMPORARY AGENCY

AUTHORIZED BY *(SIGNATURE)*	**DATE SIGNED**	**PRINTED NAME**
TITLE	**PHONE NO.**	

_____ **Work-Related Injury** **Date of Injury:** _____

PHYSICAL EXAMS

Check examination requested. Please request any other testing below.

_____ Post-offer Exam (Send job description if available)
_____ DOT Exam – New certification **CDL** ___ **Non-CDL** ___
_____ DOT Exam -- Re-certification **CDL** ___ **Non-CDL** ___
_____ FAA Physical
_____ School Bus Physical
_____ Respirator Examination
_____ Medical Surveillance Exam – Initial / Baseline: Type of exposure _____
_____ Medical Surveillance Exam – Annual / Interim: Type of exposure _____
_____ WorkSteps Exam
_____ Other: _____
_____ Travel Clinic
_____ Driving School Instructor Physical

OTHER TESTING

_____ Hearing Test (audiogram)
_____ Titmus Vision
_____ Respirator Fit Testing - Quantitative
_____ OSHA Respirator Clearance Form
_____ Chest X-Ray ___ 1 View ___ 2 View
_____ Urinalysis
_____ Pulmonary Function Test (Spirometry)
_____ Lab (Specify) _____

COVID TESTING

_____ Rapid COVID-19 Nasal Swab
_____ COVID-19 Antibody (Blood) Test
_____ COVID-19 PCR Nasal Swab

IMMUNIZATIONS/VACCINATIONS

_____ Hepatitis B
_____ Tetanus/TDAP
_____ TB Skin Test (PPD)
_____ Other (specify) _____
_____ Hepatitis A
_____ Typhoid
_____ Quantiferon
_____ Twinrix (HepA&B Combo)
_____ Flu Vaccine
_____ T-Spot

SUBSTANCE ABUSE TESTING (*Must have photo ID*)

Check type of test(s) and reason for test

TEST REQUIRED:

_____ Urine Drug Screen w/MRO - DOT** (CDL Drivers)
_____ Urine Drug Screen w/MRO - Non-DOT (Non-CDL Drivers)
_____ Urine Drug Screen – Collection Only
_____ Instant Drug Screen *(pre-employment only)*
_____ COMAR – Law Enforcement
_____ Breath Alcohol Test – DOT
_____ Breath Alcohol – Non-DOT

REASON FOR TEST:

_____ Pre-Placement/Post Offer
_____ Reasonable Cause
_____ Follow-Up
_____ Random
_____ Post-Accident
_____ Return to Duty

****For Federal Drug Testing, please specify Testing Authority:**

_____HHS _____ NRC _____ DOT - Please Specify DOT Agency:
_____ FMCSA _____ FAA _____ FRA _____ FTA _____ PHMSA _____ USCG

Please complete Authorization for Services on reverse side.

Locations:

Frederick Health
Employer Solutions

Frederick Health Employer Solutions
490-L Prospect Blvd
in the Weis Festival Plaza
Frederick, MD 21701
Appointments: 240-566-3001
FAX: 240-566-3003
Hours: Monday – Friday, 7 a.m. – 5 p.m.

CARROLL OCCUPATIONAL HEALTH
Affiliated with Carroll Hospital Center

Carroll Occupational Health
700-B Corporate Center Court, Suite A
Westminster, MD 21157
Appointments: 410-871-0470
Fax: 240-566-4729
Hours: Monday – Friday, 7 a.m. – 5 p.m.

We are no longer able to supervise unattended children in our clinics. We ask you to notify your employees to make appropriate child care arrangements before obtaining services at one of our locations.