



# Occupational Health Authorization for Treatment or Examination

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

### SECTION 2

## EMPLOYMENT EXAMS

### Identification Required

#### TEST TYPE

- D.O.T. 5-Panel
- DOT Breath Alcohol
- DOT TESTING AUTHORITY**
- FMCSA  FAA  FRA
- FTA  PHMSA  USCG
- Non-DOT 5 8 10
- FLDFW 5 8 10  
*(Florida Drug Free)*
- NON-DOT Breath Alcohol
- FDFWP Blood Alcohol
- Hair Testing
- Collection Only
- Other: \_\_\_\_\_

#### TEST REASON

- Pre-Employment
- Random
- Reasonable Susp
- Post Accident/Injury
- Return To Duty
- Follow-Up
- Other: \_\_\_\_\_

### PHYSICAL EXAMINATIONS

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

### OSHA SURVEILLANCE

- Respirator Clearance
- Audiogram (Hearing)
- Other: \_\_\_\_\_
- Pulmonary Function

### PURPOSE FOR EXAM

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

## OTHER EMPLOYER SERVICES

### SECTION 3

- TB/PPD
- Hepatitis B Series
- Hepatitis B Titer
- Tetanus
- Other: \_\_\_\_\_