



# Authorization for Occupational Surveillance

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Company: \_\_\_\_\_ Job #: \_\_\_\_\_

### Physical Exam: Pre Emp/Annual/Exit: (please check one)

- Non-DOT (Basic Physical)  Crystalline Silica
- DOT New Cert  Asbestos
- DOT Re-Cert  Benzene
- OGUK (UKOOA)  Hazmat
- USCG Coastguard  Respiratory Clearance Exam
- Norwegian  Return to Work/Duty (Non-Injury)
- Other \_\_\_\_\_

### Substance Abuse Testing: (Please check the reason for test)

- Pre-Employment  Random  Reasonable Suspicion
- Post-Accident  Return to Duty  Follow-Up  Pre-Access

### If DOT Drug, please specify agency:

- FMSCA  PHMSA  USCG  OTHER \_\_\_\_\_

### Rapid/Instant Drug Screen

- 5 Panel  10 Panel
- 12 Panel  Other: \_\_\_\_\_

### In-House Drug Screen (Our Lab & MRO)

- Urine  Oral  Hair Panel # \_\_\_\_\_

### In-House Alcohol Screening (Our MRO)

- Breath Non-DOT  Saliva Non-DOT
- Breath DOT

### Drug Screen COLLECTION ONLY -Specify TPA and Account # (DISA, NASAP, ASAP, First Lab, First Advantage, etc.)

- Non-DOT Urine  DOT Urine
- Hair  Oral

### Alcohol-COLLECTION ONLY

- DISA  ASAP  Other: \_\_\_\_\_

### Other Testing \_\_\_\_\_

Due to the Health Insurance Portability and Accountability Act (HIPAA) and the Genetic Information Non-Discrimination Act (GINA), we ask that employers refrain from requesting any information pertaining to the employees Genetic History and/or Protected Health Information (PHI).

**I understand that by signing this form, I authorize Occucare to treat the above employee and understand that the company listed above will be held responsible for the payment of all fees incurred.**

Authorize by (Print): \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Occupational Testing: \_\_\_\_\_

- Vision Testing ONLY: \_\_\_\_\_
- TB Skin Test
- Audio Testing B/A/R: \_\_\_\_\_
- PFT
- Respiratory Fit Test: \_\_\_\_\_
  - Qualitative  Quantitative
  - SCBA – Port Arthur ONLY
- EKG
- Exercise Stress Test
- Chest X-ray \_\_\_\_\_ Views
- Lumbar X-ray \_\_\_\_\_ Views
- X-Ray, other \_\_\_\_\_
- Fitness Assessment

### Laboratory \_\_\_\_\_

- CBC
- CMP
- Blood Lead  w/ZPP
- Heavy Metals  
(Please specify which metals)

- Benzene
- Other: \_\_\_\_\_

### Immunizations \_\_\_\_\_

- Hepatitis A
- Hepatitis B
- Tetanus
- Other: \_\_\_\_\_

### COVID - 19 Testing \_\_\_\_\_

- COVID-19 Return to Work
- COVID-19 Rapid Antibody (finger stick)
- COVID-19 Oral Saliva Swab
- COVID-19 Nasal Swab