



NATIONAL OCCUPATIONAL HEALTH SERVICES, LLC.
6732 E. 41st St.
Tulsa, OK 74145
(918)794-4777 Voice (918)794-4778 Fax

AUTHORIZATION FOR EXAMINATION AND TESTING
PHOTO ID IS REQUIRED AT TIME OF SERVICE

PATIENT NAME: _____ DOB: _____ SSN: _____

COMPANY NAME: _____

ADDRESS: _____

RESPONSIBLE PARTY: COMPANY _____ EMPLOYEE _____ OTHER: National Occupational Health

SERVICE REQUESTED
PLEASE CHECK ALL THAT APPLY

REASON:

- | | | |
|---|--|---|
| <input type="checkbox"/> PRE-EMPLOYMENT | <input type="checkbox"/> RANDOM | <input type="checkbox"/> RETURN TO DUTY |
| <input type="checkbox"/> REASONABLE SUSPICION/CAUSE | <input type="checkbox"/> POST ACCIDENT | <input type="checkbox"/> FOLLOW UP |
| <input type="checkbox"/> PERIODIC | <input type="checkbox"/> OTHER (SPECIFY) _____ | |
| <input type="checkbox"/> RECERTIFICATION | | |

SUSBTANCE ABUSE TESTING:

- URINE DRUG SCREEN**
- 5 PANEL LAB, NOHS
- 10 PANEL LAB, NOHS
- 10 PANEL LAB W/EXP. OPIATES
- DOT DRUG SCREEN
- 5 PANEL RAPID
- 10 PANEL RAPID
- 10 PANEL RAPID W/EXP. OPIATES

- HAIR DRUG SCREEN**
- 5 OR 10 PANEL (CIRCLE ONE)
- EXPANDED OPIATES

- BREATH ALCOHOL TEST**
- DOT
- NON-DOT

PHYSICALS:

- DOT PHYSICAL
- BASIC PHYSICAL
- COMPREHENSIVE
- INDUSTRIAL
- PRE-EMP. WORK EXAM
- LIFT TEST
- _____ lbs.

INJURY CARE

EMERGE EFA TEST

BACKGROUND CHECK

OTHER TESTING:

- AUDIOMETRIC
- PULMONARY FUNTION TEST
- RESPIRATOR QUESTIONNAIRE
- RESPIRATOR FIT TEST
- FULL FACE
- HALF FACE

TYPE:(SPECIFY) _____

BLOOD DRAW

TESTING FOR: _____

VACCINATION

TYPE:(SPECIFY) _____

VISION

TYPE:(SPECIFY) _____

SPECIAL REQUEST/OTHER PROCEDURES

Authorized by: _____ Title: _____

Phone: _____ Date: _____ 02.10.2017