PRIME
OCCUPATIONAL MEDICINE

Medical Authorization

Luke P. Lee, MD, MPH, CIME
Board Certified Occupational Medicine
Corporate Medical Director

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Employee Name: _____ **Date:** _____

Company: _____ **Contact Name:** _____

Social Security #: _____ **Job Number:** _____

☐ **Injury Treatment:** Type: _____

☐ **Physical Exam:** ☐ DOT ☐ Non-DOT ☐ HAZMAT ☐ Asbestos ☐ Operator
☐ Pre-Placement ☐ Annual ☐ Semi-Annual ☐ Re-Certification ☐ Other _____

☐ **Physical Performance Test:** ☐ Pre-Placement ☐ Other _____

☐ **Breath Alcohol:** ☐ DOT ☐ Non-DOT

☐ **Drug Screen:** ☐ Quick (Urine) ☐ Non-DOT (Urine) ☐ DOT (Urine)
☐ 5 Panel ☐ Pre-Placement ☐ FMCSA ☐ Other: _____
☐ 10 Panel ☐ Random ☐ PHMSA ☐ Other: _____
☐ 12 Panel ☐ Post-Accident ☐ USCG ☐ Other: _____
☐ Synthetic Marijuana ☐ Synthetic Opioid

☐ **Hair Test:** ☐ **Prime Hair Test (5 Panel)** ☐ **Other**_____

☐ **DISA:** ☐ Pre-Placement ☐ BAT (Non-DOT) ☐ **BAT (**DOT)
☐ Random ☐ Urine (Not-DOT) ☐ Urine (DOT)
☐ Post Accident ☐ FMCSA ☐ PHMSA
☐ USCG
☐ Hair ☐ DISA Policy/Account:_____

☐ **Respirator Fit Test:** ☑ Qualitative ☐ Quantitative (PortaCount)

Mask #1: _____ Mask #2: _____ Mask #3: _____

☐ **Pulmonary Function Test**
☐ **Audiogram** (add STS Comparison? ☐ Yes ☐ No)
☐ **Return to Work Clearance**
☐ **Safety Evaluation**
☐ **Medical Record Evaluation**
☐ **Titmus Vision Testing**
☐ **Fit for Duty Clearance**
☐ **TB Skin Test** (Employee must be able to return to the clinic within 2 days to have test read)
☐ **Laboratory Tests:** _____
☐ **Other:** _____

_____ (_____)_____-_____

Authorized Signature **Phone Number**