

# Medical Authorization Form



37534 Hwy 30 STE A ▪ Gonzales, LA 70737 ▪ Phone: 225-644-6767 ▪ Fax: 225-644-6769

Employee Name: \_\_\_\_\_ DATE: \_\_\_\_\_

Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Job Description: \_\_\_\_\_

**Physical:**  Pre-Placement  Asbestos  CDL  Other \_\_\_\_\_

Fit For Duty  Silica  Recertification

Return To Work  Benzene  Coast Guard

Hazmat

**Drug Screen:**  Quick Screen  Non-Dot  Dot  Hair Test

5 Panel  Pre-Placement  FMSCA  Other

10 Panel  Random  PHMSA \_\_\_\_\_

12 Panel  Post-Accident  USCG

**DISA:**  Pre-Placement  BAT (Non-Dot)  BAT (Dot)  FMSCA  DCCHT W/O randoms

Random  Urine (Non-Dot)  Urine (Dot)  PHMSA  DCCHT W/ randoms

Post-Accident  USCG  DCCHA  DCCEO

Other  DCCOF  NASAP

**Pulmonary Function Test**

**Respirator Fit Test:**  Qualitative  Quantitative (Porta Count)

Masks: \_\_\_\_\_

**TB Skin Test** (Must be read at the clinic within 48 Hours)

**X-Ray**

**Audiogram**

**Chest X-Ray**

**Laboratory Testing** \_\_\_\_\_

**Other** \_\_\_\_\_

**Other Testing** \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_