$87+25,=$7,21)25 6(59,&(6

(Send authorization form with employee or
email to RFFPHG#VDPDULWDQKHDOWKFDUH FR

Today's Date:____________________ Expiration Date:____________________ 7LPHBBBBBBBBBBBBBBBBBBBBB

Employee Name:____________________________________DOB:____________Company Name: ________________

Authorized by:____Telephone:____________________________

&+(&.$// 6(59,&(6 5(48,5('

Services will be conducted and resulted according to your established protocols.

'58* $/&2+2/ 7(67,1* *Test Type(s) and Reason are required*	3+<6,&$/ (;$0,1$7,216 *Exam Type and Reason are required*
7HVW 7\SH V / 5HDVRQ † DOT Drug Test Panel / † Pre-Employment † (67%UHDWK$OFRKRO / † Random NonDOT Type: ☐ 1RQ2'7UXJ7HVW3DQHO / ☐ ☐ Instant Test Panel / ☐ Post-Accident/Injury † Hair Test Panel / ☐ Follow-Up † EST/Breath Alcohol / ☐ Return to Duty † OEVHUYHG † 2WKHURUVSHFLDOUHTXLUHPHQWVBBBBBBBBBBBBBBBBBB BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB	([DP 7\SH / 5HDVRQ ☐ DOT Exam / ☐ Post-Offer/Pre-Placement ☐ Basic NonDOT Exam / ☐ Recertification ☐ Respirator Certification / ☐ Initial/Baseline ☐ Asbestos / ☐ Periodic/Annual ☐ Level 1 Physical / ☐ Exit ☐ Level 2 Physical / ☐ Return to Duty ☐ Other or special requirements: ____________________ ____________________ ____________________
,0081,7< 6(59,&(6 ,PPXQL]DWLRQV / 7LWHUV ,PPXQLW\ %ORRG 7HVWV ☐ Flu / ☐ Hep A ☐ Tdap / ☐ Hep B ☐ Hep A / ☐ MMR ☐ Hep B / ☐ Varicella (chicken pox) ☐ MMR ☐ Varicella ☐ Other or special requirements: ____________________	6&5((1,1* 7(676 :,7+287 $1 (;$0 ☐ Audiogram / ☐ TB Skin Test ☐ Respirator Questionnaire / ☐ Vision ☐ Respirator Fit Test / ☐ Lift Test ☐ Step Test / ☐ Vital Capacity Test/PFT ☐ Other or special requirements: ____________________ ____________________ ____________________

Remarks: ____

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EMPLOYEE AUTHORIZATION:
,FHUWLIWKDWWKHLQIRUPDWLRQSURYLGHGLVFRUUHFWDQGDXWKRUL]HWKH6DPDULWDQ&OLQLFWRUHOHDVHWKHUHVXOWVDQGUHOHDVH WKHPWR my employer, prospective employer or my employer's authorized personnel, for purpose of employment, pre-employment or screening.

Signature: ____________________________________ Date:____________________