

Company Protocol



Company Name: _____

Main Contact Name: _____

Phone #: _____ Fax #: _____

Email Address: _____

If main contact is unavailable, back-up contact name: _____

Back-up contact phone #: _____ Email: _____

Federal TAX ID #: _____ Do you prefer your invoice/bill ___ Faxed ___ Emailed ___ Mailed?

Company Physical Address

Street _____ Suite#/Floor _____

City _____ State _____ ZIP _____

Company Billing Address _____ same as physical address

Attention to _____

Street _____ Suite#/Floor _____

City _____ State _____ ZIP _____

Email Address _____

Tel# _____ Fax# _____

Send workers compensation bills to insurance? YES NO

Workers Compensation Insurance _____

Does your company pay for after hours? *Work Comp \$612 Post Accident DS/BAT \$195* YES NO

Does your company have a preferred pharmacy? YES NO

If yes, _____

What pharmacy will you use for After Hours WC? _____

Does your company have a preferred physical therapy clinic? YES NO

If yes, _____

If needed for physical, company will pay for: YES NO

- CPAP Card Read (\$25.00)
- A1c (Blood Sugar testing) (\$25.00)
- Ear canal cleaning (for Audiogram, if impacted) (\$30.00)
- PFT Post Test (\$50)

Does your company use a TPA for screening services? YES NO _____

Will your company be needing onsite services? YES NO

- Flu clinic
- Random Drug Screens
- Blood Pressure Monitoring

Other (Please specify) _____

CPAP compliance required for your DOT Truck Drivers? YES NO

Below are the services our company will require as standing orders or protocol for our employees.

Screening:

- (Drug & Alcohol)**
- DOT
(FMCSA, FAA, FRA, FTA, PHMSA, USCG)
 - Non DOT
 - Rapid Panel 5, 5+, 10
 - Oral Collection (DISA ONLY)
 - Our COC and MRO (Medtox Lab)
 - Your COC and Lab _____
 - NON-DOT BAT
 - DOT BAT

Physicals:

- New Certification DOT
- Recertification DOT
- DOT Extension
- Non DOT / Own Form
- Hazmat
- Return To Work DOT / Non DOT
- Ability Test (Job Specific)
- Other _____

Immunizations /

Labs:

- TDAP
- MMR _____ Titer
- HEP A _____ Titer
- HEP B _____ Titer
- Varicella Titer
- Influenza
- TB Skin Test
- TB Gold Quantiferon

Respirator:

- Pulmonary Function Test (PFT)
- PFT Clearance
- OSHA Questionnaire
- Respirator Fit Test

Other Testing:

- Vision (Jager, Ishihara, Peripheral)
- Audiogram
- Wellness Exam
- Nicotine Test
- Chest X-Ray

Other Testing:

- _____
- _____

- _____
- _____

Signature: _____

Date: _____

Reviewed by: _____

Date: _____