

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

Employer: \_\_\_\_\_ Date Authorized: \_\_\_\_\_

Authorized by: \_\_\_\_\_ FICOM Staff: \_\_\_\_\_

## EMPLOYER AUTHORIZATION

Treatment for work comp injury? **YES**                      Date of Injury: \_\_\_\_\_

Send bill to insurance?            **YES**    **NO**                      Injured Body Part: \_\_\_\_\_

**Regulation:**

- FMCSA (DOT)
- FAA
- FRA
- FTA
- PHMSA
- USCG
- Non-Regulated (Non-DOT)

**Reason:**

- Pre-employment
- Random
- Return to Duty
- Reasonable Suspicion
- Post-Accident
- Follow up
- Other \_\_\_\_\_

**Screening: (Drug & Alcohol)**

- Urine Collection
- Hair Collection
- Rapid Panel            **5,    5+,    10**
- Oral Collection
- Breath Alcohol Test

**Special Instruction for Screening:**

- Observed Collection
- Use Faith COC            **Medtox    Alere**
- Use Faith Lab (Hair Collection)
- Use company COC
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Physical:**

- New Certification (DOT)
- Re-certification (DOT)
- Extension
- Non-DOT            \_\_\_\_\_ (Own Form)
- Hazmat
- Annual
- Return to Work (RTW)
- Follow Up Physical
- Ability Test (Job Specific)

Other: \_\_\_\_\_

**Respirator:**

- Pulmonary Function Test
- Respirator Clearance
- OSHA Questionnaire
- Respirator Fit

**Immunization:**

- TDAP
- Influenza
- HEP A                       titer
- HEP B                       titer
- MMR                       titer
- Varicella zoster         titer
- TB Skin Test (not on a Thursday)
- TB Gold QuantiFERON

**Other testing:**

- PFT
- Vision Screen (Ishihara, Jager, Peripheral)
- Audiogram
- Wellness Exam
- Mask Fit Qualitative
- X-Ray (1view)            \_\_\_\_\_

\_\_\_\_\_