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

## Service Authorization Form

**Type of Screening: Services:**

\_\_\_\_\_ DOT \_\_\_\_\_\_ DOT Physical

\_\_\_\_\_ Non-DOT \_\_\_\_\_\_ DOT Re-Certification Physical

\_\_\_\_\_ Drug-Free Workplace \_\_\_\_\_\_ Pre-Placement Physical

\_\_\_\_\_ Instant (is 11 panel)

**Method of Screening:**

\_\_\_\_\_ Drug (Urine) **Testing:**

\_\_\_\_\_ Alcohol (Breath) \_\_\_\_\_\_\_TB Skin test - 1 Step

\_\_\_\_\_ Both (Drug and Alcohol) \_\_\_\_\_\_\_TB Skin test - 2 Step

**\_\_\_\_\_\_\_**Hep B Series: ( ) 1 ( ) 2 ( ) 3

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**Reason for Screening: \_\_\_\_\_\_\_** Titers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Pre-employment

\_\_\_\_\_ Random

\_\_\_\_\_ Post-Accident

\_\_\_\_\_ Reasonable Suspicion

\_\_\_\_\_ Follow-up

\_\_\_\_\_ Return to Duty

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

DONOR: Please present this paperwork to the clinical personnel upon arrival!