



## MED-1 AUTHORIZATION FORM

PHOTO ID REQUIRED

**Company Name:** \_\_\_\_\_ **Staffing Agency:** \_\_\_\_\_  
**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ valid for 48 hours  
**Authorized By:** \_\_\_\_\_ **Employer Telephone #:** \_\_\_\_\_

<b>INJURY</b>	
<b>INJURY</b>	<p><b>Treatment/Evaluation</b></p> <p><input type="radio"/> Treatment of alleged work-related injury or illness</p> <p>What is the type of injury or illness _____</p> <p style="text-align: right;"><input type="radio"/> Drug Screen with initial visit                      <input type="radio"/> Breath Alcohol Test</p>
<b>NON - DOT PROCEDURES</b>	
<b>PHYSICAL EXAMS</b>	<p><b>Physical Examination</b></p> <p><input type="radio"/> Post Offer/Pre-employment                      <input type="radio"/> Respiratory</p> <p><input type="radio"/> Return to Work    <input type="radio"/> Hazmat</p> <p><input type="radio"/> Fit for Duty    <input type="radio"/> Asbestos</p> <p style="text-align: right;"><input type="radio"/> Other</p>
<b>DRUG TESTS</b>	<p><b>Drug Test - Type</b></p> <p><input type="radio"/> Urine (circle panel type)</p> <p style="padding-left: 20px;">2 3 5 7 10 Expanded Opiates    Nicotine</p> <p><input type="radio"/> Rapid (circle panel type)</p> <p style="padding-left: 20px;">3 5 7 10 Nicotine</p> <p><input type="radio"/> Collection Only</p> <p><input type="radio"/> Hair</p> <p><input type="radio"/> Saliva</p> <p><b>Reason for Drug Test</b></p> <p><input type="radio"/> Pre-employment</p> <p><input type="radio"/> Random    <input type="radio"/> Return to Work</p> <p><input type="radio"/> Reasonable Suspicion/Cause                      <input type="radio"/> Follow-up Testing</p> <p><input type="radio"/> Post Accident    <input type="radio"/> Other</p>
<b>ALCOHOL TESTS</b>	<p><b>Breath Alcohol Test - Type</b></p> <p><input type="radio"/> Breath</p> <p><b>Reason for Alcohol Test</b></p> <p><input type="radio"/> Pre-employment    <input type="radio"/> Return to Work</p> <p><input type="radio"/> Random    <input type="radio"/> Follow-Up</p> <p><input type="radio"/> Post accident</p> <p><input type="radio"/> Reasonable suspicion/cause</p>
<b>OTHER</b>	<p><input type="radio"/> Hepatitis B Vaccine # _____</p> <p><input type="radio"/> Chest X-Ray</p> <p><input type="radio"/> Pulmonary Function Test</p> <p><input type="radio"/> Labs _____</p>
<b>COMPANY INSTRUCTIONS</b>	<p><b>Other testing and/or company specific instructions:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<b>MED-1 INSTRUCTIONS</b>	<p>Please arrive 30 minutes prior to close</p> <p>PHYSICAL EXAM: Please bring your glasses or contacts</p> <p>DRUG SCREENING: Do not urinate prior to arrival</p> <p>PULMONARY FUNCTION TEST: Do not eat, use an inhaler, or smoke for one hour prior to arrival</p> <p style="text-align: center;"><b>Additional authorization forms available at <a href="http://www.med1services.com">www.med1services.com</a></b></p>

MED-1 Staff \_\_\_\_\_