

EMPLOYEE REFERRAL AUTHORIZATION

Employee Info: Name:

DOB:

Job Title:

Employer Info: Name:

Phone:

Fax:

Email:

Address:

Services/Treatment authorized by:

Signature:

Date:

EMPLOYMENT EXAMINATIONS/EVALUATIONS

Initial Firefighter Examination Package

Includes Examination, Employment & OSHA Clearance, PPD, CBC & CMP, Chest X-Ray, EKG, PFT, Audiogram, Instant UDS

Initial Law Enforcement Examination Package

(Needs POST Affidavit)

Includes Examination, Employment & OSHA Clearance, PPD, CBC & CMP, Chest X-Ray, EKG, PFT, Audiogram, Instant UDS

Currently Certified Law Enforcement Examination

***Non-Package**

(Does NOT need POST Affidavit)

Includes Examination, Employment & OSHA Clearance, Audiogram

*Candidate Dependent - PPD, CBC & CMP, Chest X-Ray, EKG, PFT

(If all the above is required, then billed as package)

DOT Exam

Examples: Bus Driver, Commercial Vehicle Driver, Passenger Vehicle Driver, Heavy Machinery Driver

Pre-Employment Exam

Examples: All Non-Public Safety Positions

Return-To-Work

Examples: Returning to work from leave, Returning to work from non-work-related injury/illness

Work Related Injury Treatment *(*see below)*

Fitness-for-Duty (DOT ONLY)

HAZMAT Exam

Student Physical

Respirator Medical Clearance

Other:

ADDITIONAL TESTING

Hearing Exam (Audiogram)

Color Vision (Ishihara)

Pulmonary Function Testing

Respirator Fit Testing (Mask Fit)

TB Skin Testing

TB Blood Testing

Chest X-Ray

Urinalysis

Labs:

SUBSTANCE ABUSE TESTING

(Instant Drug Screen - Included in Initial Package Examinations)

Reason for Testing

Pre-Employment

Random

Reasonable Suspicion

Post-Accident

Return-to-Duty

Regulating Authority

FMCSA/DOT

NRC

USCG

PHMSA

Other:

None/Unregulated

Urine Drug Screen

5 Panel

6 Panel

9 Panel (w/ or w/o THC)

10 Panel (w/ or w/o THC)

Instant

e-Screen

Other:

Other Testing

Breath Alcohol

Hair (substance abuse testing)

Observed Urine Collection *(extra fee)*

*WORK-RELATED INJURY TREATMENT

Injury Information

Date of Injury:

Body Area Injured:

Type of Injury:

Insurance Information

Insurance Carrier:

Adjuster/Contact Name:

Address:

Phone:

Fax:

Email:

Verified Worker's Compensation Injury: YES NO | Work Comp Claim #:

Occupational Medicine

3931 Mundy Mill Road, Suite C

Phone: 770-219-8275

Fax: 770-219-8261



Northeast Georgia
PHYSICIANS GROUP