

Medical Authorization Form

Masterform 97 Ver 1.3 / Baton Rouge

Company	<input type="text"/>	Date of service	<input type="text"/>
Employee name	<input type="text"/>	Employee ID	<input type="text"/>
Job Site Name/Job #	<input type="text"/>	PO#	<input type="text"/>
Scheduler name	<input type="text"/>	Scheduler phone	<input type="text"/>

Reason For This Visit

- | | | |
|--------------------------------------|-------------------------------------|--|
| <input type="radio"/> Pre-Employment | <input type="radio"/> Pre-Placement | <input type="radio"/> Annual |
| <input type="radio"/> Random | <input type="radio"/> Post-Accident | <input type="radio"/> Reasonable Cause |
| <input type="radio"/> Return to Duty | <input type="radio"/> Follow-up | <input type="radio"/> Repeat/Missed On-Site Services |

Physical Examination

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> Non DOT | <input type="checkbox"/> Hazwoper | <input type="checkbox"/> Benzene |
| <input type="checkbox"/> DOT | <input type="checkbox"/> Silica | <input type="checkbox"/> Vinyl Chloride |
| <input type="checkbox"/> Functional Assessment | <input type="checkbox"/> Asbestos | <input type="checkbox"/> Other _____ |

Ancillary Test

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Audiometric Test | <input type="checkbox"/> EKG | <input type="checkbox"/> Respirator Clearance |
| <input type="checkbox"/> Pulmonary Function Test | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Quantitative Fit Testing

- | | | |
|---|--|--|
| <input type="checkbox"/> 3M 6000 HF | <input type="checkbox"/> 3M 8293 Dust Mask | <input type="checkbox"/> MSA UltraElite FF |
| <input type="checkbox"/> North 7700 HF | <input type="checkbox"/> 3M 6800 FF | <input type="checkbox"/> Scott AV 3000 FF |
| <input type="checkbox"/> MSA Comfo Classic HF | <input type="checkbox"/> North 7600 FF | <input type="checkbox"/> Scott AV 2000 FF |
| <input type="checkbox"/> MSA ADV 200LS HF | <input type="checkbox"/> MSA ADV 4000 FF | <input type="checkbox"/> Other _____ |

Substance Abuse Testing**CORE Drug Screens**

- 10 Panel Non-DOT (CORE is MRO)
- 5 Panel Non-DOT (CORE is MRO)
- DOT (CORE is MRO)
- Hair (CORE is MRO)
- Oral Fluid (CORE is MRO)
- 10 Panel Instant
- 5 Panel Instant

DISA/Other TPA drug screens

- DISA Non-DOT
- DISA DOT
- DISA Hair
- DISA Oral Fluid
- Collect Only Non-DOT
- Collect Only DOT
- Collect Only Hair

Breath Alcohol and Other

- Breath Alcohol Non-DOT
- Breath Alcohol DOT
- DISA BAT Non-DOT
- DISA BAT DOT
- Other _____
- Other _____
- Other _____

Laboratory Test

- Lead / ZPP
- CBC / Industrial Chem

X-Rays

- Chest 1 View
- 1 View w/ B Reader
- 2 Views

Injury Treatment

- Initial Injury Visit
- Follow-up injury visit

Vaccines

- Flu vaccination
- Tetanus/Diphtheria (Td)
- TB Skin test
- Hepatitis B series
- Tetanus, Diphtheria, Pertussis (Tdap)
- TB T-Spot Blood Draw

Comments

Any additional instructions