

Medical Authorization Form

Masterform 102 Ver 1.3a / Saint Rose

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

Ancillary Test

<input type="checkbox"/> Audiometric Test	<input type="checkbox"/> Respirator Clearance	<input type="checkbox"/> Pulmonary Function Test
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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 _____

**Please contact our office to schedule
physical exams 985-303-6120
(M-F 6:00am - 3:00pm)**

Comments

Any additional instructions