

# 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**