St. Luke's WORKPLACE HEALTH

Authorization for Services

Date: _____

Employee Name: _____

Employer Name: Lewis and Clark Career Center

Employer Address: 2400 Zumbehl Rd St Charles MO 63301

Employer Phone Number: 636-443-4960 Fax: 636-443-4951

Authorized By: _____ _____ _____

Printed Name | Signature | Phone Number

Work Related Injury/Illness

☐ Specify Body Part _____

If this incident is deemed not work-related, the authorizing organization will be responsible for charges prior to written notification.

Physical Examinations

☐ **Annual/Periodic**

☐ **Employment Physical**

☐ **Fit for Duty**

☐ **(DOT) Physical**

☐ **Return to Work**

☐ **Respirator Clearance**

- ☐ Pulmonary Function Test
- ☐ OSHA Questionnaire Review
- ☐ Physical

☐ **Fit Test**

Employee to bring in mask

☐ **Medical Surveillance/Immunizations**

- ☐ Audiogram
- ☐ Blood Tests _____
- ☐ EKG
- ☐ TB Skin Test
- ☐ Hepatitis A Vaccination
- ☐ Hepatitis B Vaccination
- ☐ Hepatitis B Antibody Titer (blood draw)
- ☐ MMR Vaccination
- ☐ MMR Titer
- ☐ Varicella Titer
- ☐ Tetanus, Diphtheria, Pertussis (TDAP)
- ☐ Flu Vaccination
- ☑ Other 2 Step PPD or TB Gold

Substance Abuse Testing

Reason for Test

☑ Pre-employment/Post offer

☐ Random

☐ Post Accident

☐ Reasonable Suspicion/For Cause

☐ Return to Duty

☐ Follow-up

Drug Screening

☐ **Urine**

☐ **Hair**

☐ **DOT**

☑ **NON-DOT** ☐ 4 Panel ☑ 5 Panel ☐ 9 Panel ☐ 10 Panel

Breath Alcohol Screening

☐ **DOT** ☐ **NON-DOT**

Method of Payment

☐ Bill to Employer

☑ Employee Pays for Service

Special Instructions:

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