AUTHORIZATION FOR TREATMENT

ALL services included in the account profile for respective service WILL be performed unless otherwise stated

Company Name Allen Park Public Schools Location _____

Employee or Prospective Employee Name _____

Company representative authorizing service Joslyn Lazarevski Phone 313.827.2105

Signature of authorization Joslyn Lazarevski Date _____

Occupational Screening Facility and Training Centers

1st Choice Urgent Care		Preferred clinic OccMed Connect
DEARBORN **23455 Michigan Ave** **Between Telegraph and Outer Dr** Dearborn, MI 48124 Tel: 313-438-6094 Fax: 313-438-6132 Mon-Fri 8AM-9PM Sat-Sun 9AM-9PM Holidays 9AM-5PM		**TAYLOR** 10155 Telegraph Rd Taylor, MI. 48180 Between Goddard and Wick Rd Mon-Fri 9AM-5PM Tel: 734-718-1969 Fax: 734-931-4018 Closed on the Weekend

☑ **WORK RELATED INJURY TREATMENT**:

Date of injury _____

PHYSICAL EXAMINATIONS:

☐ Pre-Placement Exam w/10 panel instant test
☐ Return to Work Exam
☐ DOT New Hire Exam w/Regulated drug screen
☐ DOT Recertification (NO DRUG SCREEN)

DRUG AND ALCOHOL SCREENING:

☐ 10 Panel Instant
☐ Breath alcohol test
☐ Non-Regulated (Non-DOT)
☐ Regulated (DOT)

Reason for screening:

☐ Pre-Placement ☐ Random ☐ Reasonable Suspicion
☐ Post Accident/Injury ☐ Follow-Up

VACCINATIONS AND LABORATORY SERVICES:

☐ PPD/TB ☐ PPD/TB 2 Step ☐ TDAP ☐ Hepatitis B Series

***Onsite training for CPR/AED/1st Aid, DOT
HIPAA and more OSHA mandated and required training

INJURIES AFTER 9PM to 8AM

☐ **HF Brownstown ER**

(734) 287-9880

23050 West Rd, Brownstown Twp.

Employee MUST follow up with the OccMed Connect the very next business morning