

<input type="checkbox"/> 1720 Westchester Drive High Point, NC 27262 Phone: (336) 883-9675 Fax: (336) 883-2615	<input type="checkbox"/> 2401 Hickwood Road, Suite 106 High Point, NC 27265 Phone: (336) 885-9675 Fax: (336) 885-9682	<input type="checkbox"/> 711 National Hwy., Suite 100 Thomasville, NC 27360 Phone: (336) 885-9030 Fax: (336) 472-9215
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OCCUPATIONAL HEALTH SERVICE REQUEST

Date: _____

Employee/Patient: _____

Company/Responsible Party: _____

DRUG SCREEN

<u>D.O.T. / NIDA</u>		<u>Standard</u>	
Pre-Employment	_____	Pre-Employment	_____
Random	_____	Random	_____
Post-Accident	_____	Post-Accident	_____
		Reasonable Suspicion	_____
		Rapid Pre-employment	_____
		Other	_____

PHYSICAL

<u>D.O.T.</u>		<u>Standard</u>	
Pre-Employment	_____	MD	_____
Recertification	_____	Nurse	_____
		Return to Duty	_____

ADDITIONAL TESTING

Audiogram	_____	Hepatitis B	_____	CRT Physical Abilities Test	_____
PFT	_____	EKG	_____	Name of job position tested for	_____
Breath Alcohol	_____	Chest X-ray	_____	on CRT:	_____
TB	_____	CRT Return To Work test	_____	<i>*CRT service located at Hickwood office</i>	
Other	_____				

WORK RELATED INJURY CARE

Injury evaluation needed by healthcare provider: _____ **Yes** _____ **No**

Date of Injury: _____ Time: _____

Additional Comments: _____



Authorized By: _____ Phone: _____

Title: _____

THIS FORM EXPIRES ON _____

***PLEASE ADVISE EMPLOYEE TO PROVIDE PICTURE I.D.**