



Employer Authorization

FirstHealth Occupational Health & Wellness

522 Allen St. Suite 203, Troy, NC 27371
 Phone (910) 571-5170 - Fax (910) 571-5175

Form to be completed by Employer

Company Name:	<input type="checkbox"/> Employer Pay <input type="checkbox"/> Self-pay
Contact Name:	Contact Phone:
Contact Name:	Contact Phone:
Employee Name:	Employee DOB:

Clinic Services Requested: eScreen Account Number: 47377-299

Urine Drug Screen:

Type: DOT Non-DOT - Send Out 4 Panel Rapid - eCup+ 4 Panel (4045)

Reason: Pre-Placement Post-Accident Random Reasonable Suspicion
 Return to Duty Follow-up

Breath Alcohol Screen (BAT): (additional charges may apply)

Type: DOT Non-DOT

Reason: Pre-Placement Post-Accident Random Reasonable Suspicion
 Return to Duty Follow-up

Physicals: (additional charges may apply)

Type: Pre-Placement DOT OSHA Surveillance Law Enforcement Return to Duty
 Other (please specify) _____

Services: Audiogram (additional charges may apply)
 OSHA Questionnaire Review Spirometry Respirator Fit Test

Immunization, Screening, Vaccine:

Influenza Vaccination Tdap (Tetanus-Diphtheria-Pertussis)
 Hepatitis B Series QuantiFERON TB Gold

Workers' Compensation Injury/Illness: (additional charges may apply)

Date of Injury/Illness: _____

Injury/Illness: _____

Authorizing Employer Representative: _____
(Signature) *(Print Name)* *(Date)*

Email Authorization to: