

# AUTHORIZATION FOR SERVICES

## MMCH OCCUPATIONAL HEALTH SERVICES

374 Northside Dr., Suite D Batesville, IN 47006

Phone: (812) 932-5105 Fax: (812) 932-5107

(Please fill out form completely)

Company Name	Company Phone
Designated Employer Representative	Designee Phone
Alternate Contact	Designee Fax
Employee Name	Social Security Number
Employee Home Phone	Employee Cell Phone
Job Title	Department

INJURY:	Type of Injury & Affected Body Part	Date of Injury	Time Occurred
<b>PHYSICALS:</b>	<input checked="" type="checkbox"/> New Hire Exam <input type="checkbox"/> Environmental, Respirator Exam <input type="checkbox"/> PIV (Powered Industrial Vehicle) Exam <input type="checkbox"/> Re-Hire Exam <input type="checkbox"/> DOT/CDL Certification/Recert <input type="checkbox"/> FAA Exam <input type="checkbox"/> Return to Work Exam <input type="checkbox"/> Chauffeur Certification/Recert <input type="checkbox"/> Other: _____		
<b>OTHER SERVICES:</b>	<input type="checkbox"/> Vaccine: _____ <input type="checkbox"/> Tuberculin Skin Test <input type="checkbox"/> Other: _____	<input type="checkbox"/> Titer (Immune Status Check): _____ <input type="checkbox"/> Audiogram (Hearing): _____	
<b>TEST REQUEST:</b> (Photo ID Required)	<input type="checkbox"/> Regulated Breath Alcohol Test <input type="checkbox"/> Non-Regulated Breath Alcohol Test <input type="checkbox"/> Regulated Urine Drug Screen <input type="checkbox"/> Non-Regulated Urine Drug Screen <input type="checkbox"/> Regulated Breath Test & Urine Drug Screen <input type="checkbox"/> Non-Regulated Breath Test & Drug Screen  <b>Reason for tests:</b> <input type="checkbox"/> Reasonable Suspicion/Just Cause <input type="checkbox"/> Random <input type="checkbox"/> Random - Rehab Program <input type="checkbox"/> Post-Accident		