Franciscan WORKING Well

MEDICAL TREATMENT AUTHORIZATION

NAOHP CERTIFIED PROGRAM

Employees presenting for a Drug Screen or Breath Alcohol Test must have a Photo ID
*After Hours Injuries & Post-Accident Drug Screening: Complete the form below and present to Emergency Department.

EMPLOYEE NAME: _____ DATE OF BIRTH: _____

COMPANY NAME: _____ TODAY'S DATE: _____

COMPANY PHONE: _____ RESULTS: SEE INSTRUCTIONS

COMPANY REP AUTHORIZING TREATMENT: _____

SIGNATURE: _____VERBAL AUTH TIME: _____ INITIALS: _____

ABOVE EMPLOYEE IS SCHEDULED ON: _____ (Date/Time)

Please mark all that apply:

Purpose for Testing:
____ Pre-employment
____ Random
____ Post-accident
____ Reasonable Cause
____ Follow-up
____ Return to Duty
____ Other_____

After Hours Testing:
Urine Drug Screens:
____ DOT Panel
____ DOT Collection Only

*Specify Testing Agency
____ FMCSA
____ FTA
____ PHMSA
____ FRA
____ FAA
____ USCG

____ NON-DOT
____ 4 Panel no THC
____ 5 Panel
____ 10 Panel
____ 10 Panel no THC
____ Other: _____
____ NON-DOT Collection Only
____ Instant
____ 5 Panel
____ 10 Panel
____ X-Cup 4 Panel no THC
____ X-Cup 10 Panel no THC

Breath Alcohol Testing
____ NON-DOT
____ DOT

Hair Drug Screens
____ 5 Panel
____ 5 Panel Expanded
____ Collect Only

Physical Exams
____ DOT
____ NON-DOT
____ Return to Work
____ Other: _____

Routine Surveillance:
____ Audiogram
____ Lift Test#_____
____ PFT/Spirometry
____ Chest X-Ray
____ Respirator Questionnaire
____ Respirator Fit Test
*Type of Mask_____
____ PPD/TB Test
____ Hep B Vaccination
____ Hep B Surface Antibody
____ Rubella Titer
____ Varicella Titer
____ Rubeola Titer
____ Mumps Titer
____ Varicella Vaccination
____ Quantiferon Gold Plus

Worker's Comp/Injury Treatment
____ New Injury
____ Recheck Injury

Date of Injury: _____

Workers Comp Insurance:

_____

Claim#:

_____

Additional Service Requested:

_____

_____

LOCATIONS:

Munster: 219-836-4690/(F) 219-836-3609
Rensselaer: 219-866-0411/(F) 219-866-1920
Portage: 219-764-8439/(F)219-764-8463
Hobart: 219-945-9530/(F)219-945-9541
Crown Point: 219-662-5500/(F) 219-662-9684
Valparaiso: 219-464-7073/(F) 219-464-7543
Michigan City: 219-879-5400/(F) 219-879-5900
St. John: 219-627-5077/(F) 219-365-3185