

**Section 1 – Authorization**

Today's Date \_\_\_\_\_

Date of Injury (If applies) \_\_\_\_\_

Injury Date (If applies) \_\_\_\_\_

Employee Pays Cash for Services \_\_\_\_\_

Employee \_\_\_\_\_

SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Section 2 – Exams/Physicals**

\_\_\_\_\_ DOT Physical

\_\_\_\_\_ Pre-Placement Physical (Non-DOT)

\_\_\_\_\_ Evaluation of Work-Related Injury/Illness

**Section 3 – Drug Screen: Check One Box for each**

**Reason for Testing:**

\_\_\_\_\_ Pre-Employment

\_\_\_\_\_ Reasonable Suspicion

\_\_\_\_\_ Random

\_\_\_\_\_ Follow-up

\_\_\_\_\_ Post-Accident

\_\_\_\_\_ Return to Duty

**Type of Test:**

**DOT: (Circle Agency) FMCSA, FAA, FRA, FTA, PHSMA, USCG**

\_\_\_\_\_ Use Immediate Care COC

\_\_\_\_\_ COC on File

\_\_\_\_\_ Patient will bring COC

**Non-DOT: (Send Out)**

\_\_\_\_\_ 5 Panel

\_\_\_\_\_ 10 Panel + MDMA + OXY + ALC

\_\_\_\_\_ Patient will bring COC

\_\_\_\_\_ 10 Panel

\_\_\_\_\_ 10 Panel + MDMA + Nicotine + CRT

**Instant:**

\_\_\_\_\_ 6 Panel

\_\_\_\_\_ 10 Panel

**Section 4 – Breath Alcohol Testing**

\_\_\_\_\_ Pre-Employment

\_\_\_\_\_ Reasonable Suspicion

\_\_\_\_\_ Random

\_\_\_\_\_ Follow-Up

\_\_\_\_\_ Post-Accident

\_\_\_\_\_ Return to Duty

**Section 5 – Other Testing**

\_\_\_\_\_ Tetanus Vaccine

\_\_\_\_\_ TB Testing

**Manager/Supervisor Signature Required**

Company \_\_\_\_\_ Plymouth Community School Corp

Address \_\_\_\_\_ 611 Berkley Street

City/State/Zip \_\_\_\_\_ Plymouth, IN 46563

Phone \_\_\_\_\_ (574) 936-3116

Email \_\_\_\_\_ emangus@plymouth.k12.in.us

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

**If Injury – Bill To and Claim #** Z139670001

The Zenith Insurance Company

Fax: 800-364-0443

**Saint Joseph Health System Immediate Care**

1919 Lake Ave., Suite 102 • Plymouth, IN 46563

Phone: 574-335-5220 • Fax: 574-335-0859

Hours: Monday-Friday 8:00am-6:00pm • Last Drug Screen registered at 3:00pm