



AUTHORIZATION FORM

Open: 7 am --- 7 pm --- Mon --- Fri

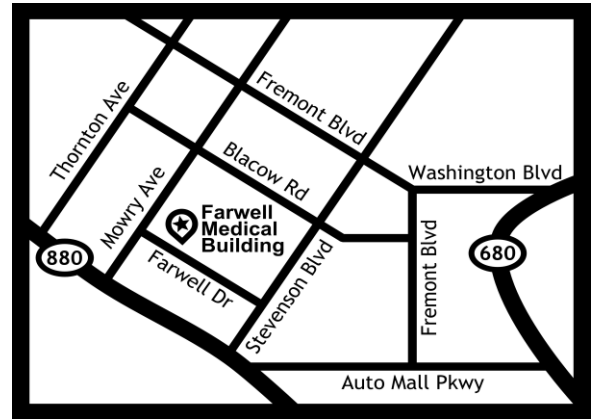
Farwell Medical Building

39180 Farwell Drive, Suite 231

Fremont, CA 94538

Ph: 510.585.2545 Fax: 866.484.5954

www.AccessOmniCare.com



INFORMATION	
Patient Name:	Date:
Employer: OHLONE COLLEGE	Temp Agency:
Authorized By: Christina Caratachea	Phone: 510-659-6088

INJURY TREATMENT / EXAMINATION		
Date of Injury	Injured Body Part	**If Drug Screen is Requested please mark box below

DRUG & ALCOHOL TESTING (Valid picture ID required)			
URINE DRUG SCREEN	<input type="checkbox"/> Quick Test	<input type="checkbox"/> DOT	<input type="checkbox"/> Non-DOT
BREATH ALCOHOL TESTING	<input type="checkbox"/> DOT	<input type="checkbox"/> Non---DOT	<input type="checkbox"/> DRUG HAIR COLLECTION
Reason for Test:			
<input type="checkbox"/> Post---Offer/Pre---Employment	<input type="checkbox"/> Reasonable Suspicion	<input type="checkbox"/> Random	
<input type="checkbox"/> Post---Accident/Post---Injury	<input type="checkbox"/> Return to Duty	<input type="checkbox"/> Follow---Up Testing	

PHYSICAL EXAMINATION	TESTING	LABORATORY & VACCINES
<input type="checkbox"/> New Hire <input type="checkbox"/> Basic Exam <input type="checkbox"/> DMV---DL---51 <input type="checkbox"/> New <input type="checkbox"/> Recert <input type="checkbox"/> DMV---w/company forms <input type="checkbox"/> Respirator <input type="checkbox"/> HazMat <input type="checkbox"/> ERT <input type="checkbox"/> Fit For Duty <input type="checkbox"/> Return to Work <input type="checkbox"/> Travel	<input type="checkbox"/> Audiogram <input type="checkbox"/> Spirometry <input type="checkbox"/> Back Evaluation <input type="checkbox"/> Repetitive Motion Screen <input type="checkbox"/> EKG <input type="checkbox"/> Treadmill <input type="checkbox"/> OSHA Respirator Form Review <hr/> RADIOLOGY <input type="checkbox"/> Chest X---Ray <input type="checkbox"/> Lumbar Spine	Hepatitis A <input type="checkbox"/> Vaccine <input type="checkbox"/> Titer <hr/> Hepatitis B <input type="checkbox"/> Vaccine <input type="checkbox"/> Titer <hr/> MMR <input type="checkbox"/> Vaccine <input type="checkbox"/> Titer <hr/> Varicella <input type="checkbox"/> Vaccine <input type="checkbox"/> Titer <input checked="" type="checkbox"/> PPD/TB Skin Test <input type="checkbox"/> Tetanus (T---Dap) <input type="checkbox"/> Influenza <input type="checkbox"/> Lead ZPP <input type="checkbox"/> Travel Vaccines
Additional Request or Special Instructions PPD/TB TEST (CHEST X RAY IF NEEDED or QUESTIONNAIRE)		

NOTE TO EMPLOYEES TREATED IN THE EMERGENCY ROOM

Any employee treated at an Emergency Room or other medical facility must follow up with Access OmniCare on the next business day. Access OmniCare is open 7 am to 7 pm Monday --- Friday. Please call 510---585---2545 for a follow---up visit.

NOTE TO EMERGENCY ROOM

Please give patient any medical records, diagnostic reports, lab results and work status reports from their ER visit. Thank you kindly for your cooperation.