



# Occupational Health Clinics Authorization for Treatment

Date: \_\_\_\_\_

This form serves as an authorization to provide treatment for the following:

Patient Name: \_\_\_\_\_ Social Sec #: \_\_\_\_\_

Duties Performed/Type of Work: \_\_\_\_\_

Employer: \_\_\_\_\_

Name of Person Authorizing Treatment: \_\_\_\_\_  
(Please print name)

Phone #: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

## Type of Service to be Provided:

- |   |  |
|---|--|
| <input type="checkbox"/> Injury or Illness Care<br>Include <input type="checkbox"/> Post-accident drug screen   | <input type="checkbox"/> Return to Work Evaluation   |
| <input type="checkbox"/> Pre-placement / Post-offer Physical Exam<br>Include <input type="checkbox"/> Pre-placement drug screen   | <input type="checkbox"/> Fitness for Duty Evaluation   |
| <input type="checkbox"/> DOT Physical Exam<br>Include <input type="checkbox"/> DOT drug screen  | <input type="checkbox"/> Audiogram   |
| <input type="checkbox"/> Drug Screen <b>Only (choose one):</b><br><input type="checkbox"/> Pre-employment<br><input type="checkbox"/> Post-accident<br><input type="checkbox"/> Random<br><input type="checkbox"/> Reasonable Suspicion | <input type="checkbox"/> Pulmonary Function Test<br><input type="checkbox"/> Breath Alcohol Test |
| <input type="checkbox"/> Other: _____   |  |

**St. Vincent's OHC 1 (Southside)**  
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**Phone (205)930-2600**  
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**Monday - Friday 7:00am - 5:00pm**

**St. Vincent's OHC 2 (Homewood)**  
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Lakewood Medical Building, 3<sup>rd</sup> floor  
Homewood, AL 35209  
**Phone (205)930-2910**  
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**Monday - Friday 8:00am - 6:00pm**