



# Woodlake

OCCUPATIONAL HEALTH

## EMPLOYER'S AUTHORIZATION FORM FOR WOODLAKE OCCUPATIONAL HEALTH

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
LAST FIRST MM/DD/YYYY

Date of Injury: \_\_\_\_\_ Date of Authorization: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Location: \_\_\_\_\_

Authorizes By: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Work-related Injury

*After hours, proceed directly to your nearest emergency department.*

### Evaluations

Job Title: \_\_\_\_\_

- Physical Exam
- Audiogram
- Lift Assessment
- Return to Work Physical
- Respirator Clearance
- Respirator Fit Test
- Hazmat
- Asbestos

### DOT Physical

- Pre-Placement
- Recertification

### Substance Abuse Testing

- Rapid Drug Screen
- Non-Regulated 5 Panel Drug Screen
- Non-Regulated 10 Panel Screen
- DOT Regulated Drug Screen
- Hair Collection Drug Test
- Breath Alcohol Test

### Reason for Testing

- Pre-Placement
- Random
- Reasonable Suspicion
- Post-Accident
- Follow Up

### Immunizations / Titers

- Hepatitis B
- TDAP
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Other

\_\_\_\_\_

***\*Patient MUST present photo ID at time of service.***



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**Hours of Operation: Monday–Friday 7AM-7PM**

