

Authorization

Your Company Name: _____ Phone: _____

Please read the following before sending your employee(s):

This form must be filled out and accompany your employees when visiting Occupational Health (OHS) or the Emergency Department (ED).

Please note that your employee cannot have a drug screen/breath alcohol test or physical performed without a picture ID (driver's license, military ID). The only exception is if a picture ID cannot be obtained the employee must be accompanied by a company supervisor. The employee needs to know their social security number for the chain of custody.

Please indicate services to be performed and circle explanation(s) that apply:

Is the employee **DOT** or **Non-DOT**?

Test(s) Required:

____ Drug Screen ____ Breath Alcohol

Reason:

Pre-employment/Post Offer	Random	Post Accident
Reasonable Suspicion	Follow-Up	Return to Duty

*****In addition to or other than a drug screen*****

____ Physical Pre-employment/Post Offer ____ Physical Recertification for CDL

____ Vaccine *Please list vaccine to be given: _____

Other: _____

Print your name indicating that you are requesting the above services to be performed:

Company Representative:

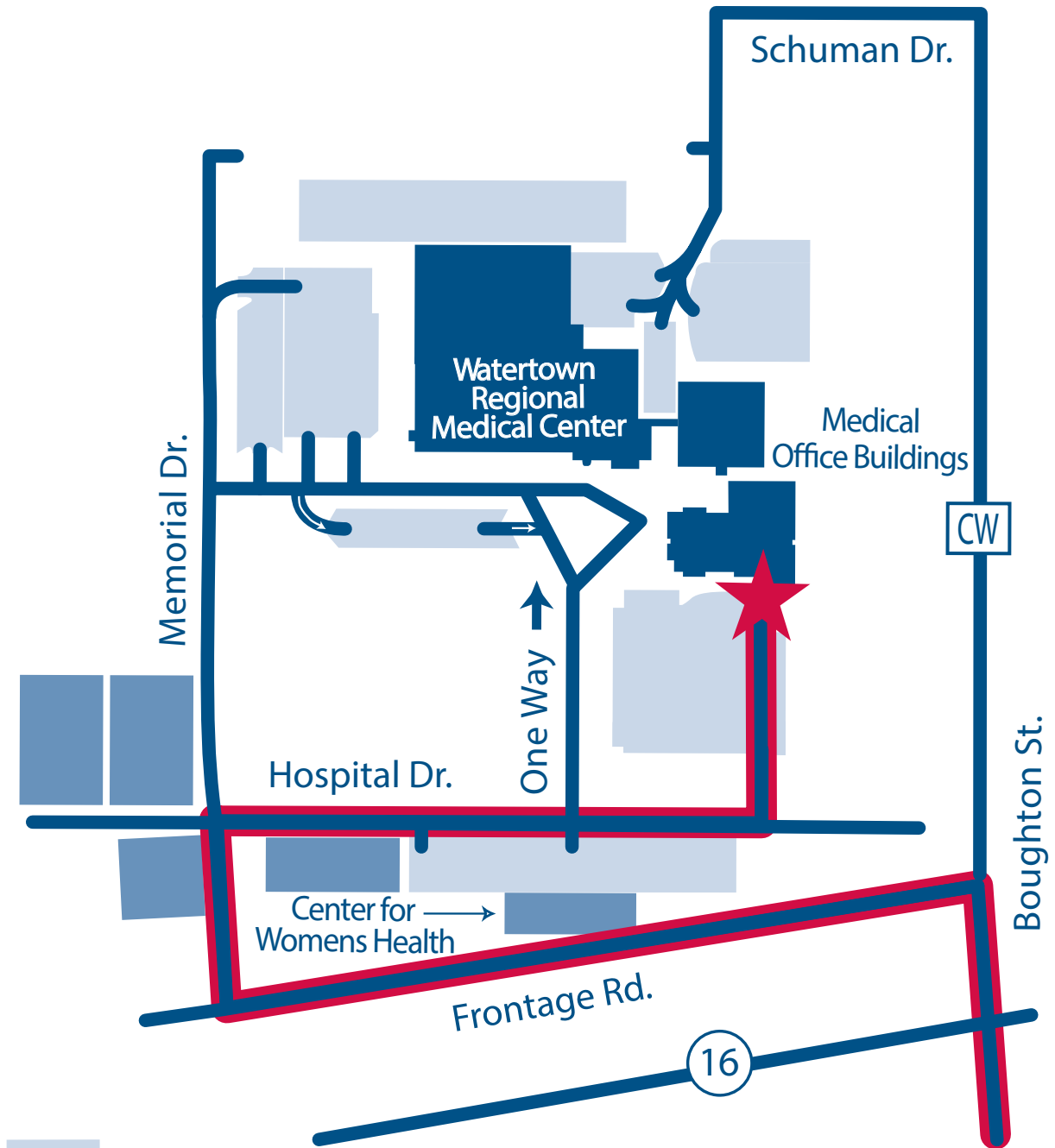
_____ Date: _____ Phone: _____

Employee Requiring Service:

_____ Date/Time of Service: _____

OCCUPATIONAL HEALTH

MEDICAL OFFICE BUILDING, SUITE 2004



-  Parking Lot
-  Surrounding Buildings

 Occupational Health

UWHealth Partners

Watertown Regional
Medical Center

123 Hospital Drive, Suite 2004
Watertown, WI 53098
(800) 472-4210
www.uwhpwatertown.com